

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005105

FILED
Jan 28, 2004
Secretary of State

Entity Name: LINCOLN RETIREMENT ADVISORS, INC.

Current Principal Place of Business:

10 NORTH MARTINGALE ROAD
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

10 NORTH MARTINGALE ROAD
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 36-4301181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, THOMAS E
Address: 10 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: V () Delete
Name: KLOUDA, MAUREEN
Address: 10 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: T () Delete
Name: GRATA, ERIC
Address: 10 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: S () Delete
Name: ROSE, CYNTHIA
Address: 10 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: D () Delete
Name: KLOUDA, MAUREEN A
Address: 10 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOND, ROBERT
Address: 1300 S. CLINTON ST.
City-St-Zip: FT WAYNE, IN 46802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CRAWFORD, FRED
Address: 1500 MARKET ST. WEST TOWER 39TH FL
City-St-Zip: PHILADELPHIA, PA 19102

Title: S (X) Change () Addition
Name: BYRER, JOYCE
Address: 1300 S. CLINTON ST.
City-St-Zip: FT WAYNE, IN 46802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN A. KLOUDA

VP/

01/28/2004

Electronic Signature of Signing Officer or Director

_____ Date