2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| | ANNUAL | REPORT (AR | | FIL] | ED | |
|--|--|--|---|---|---|--|
| DOCUMENT # F02000005470 1. Entity Name | | | | Apr 28, 2006 08:00 AN Secretary of State | | |
| LINCOLN | I NO. 2108, INC. | | | | , or state | |
| Principal Place of Business Mailing Address | | | | | | |
| P.O. BOX 1920 DALLAS TX 75221 | | P.O. BOX 1920 DALLAS TX 75221 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | # \$&&############################ | ; #1111 #1811 # #11 ##11## 11 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E034 | (10/05) | |
| City & State | | City & State | | 4. FEI Number 16-1635862 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered | Agent | |
| О Т | CODDODATION SYSTEM | | Name | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | Street Addre | ss.(P.O. Box Number is Not Acceptable) | | |
| | | | City | | Zip Code | |
| | named entity submits this statement tions of registered agent. | for the purpose of changing its | registered office or regi | stered agent, or both, in the State of Florida. I am | familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered ago | ent and little if applicable (NOT | E Registered Agent signature req | uured when revisialurg) DATE | | |
| , , , , , , , , , , , , , , , , , , , | ILE NOW!!! FEE IS \$150.00 | and the state of t | | | | |
| After | May 1, 2006 Fee Will Be \$550. k Payable to Florida Department | | | Election Campaign Financ Trust Fund Contribution. | ing \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AN | ID DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 11 | |
| TITLE | PD | ☐ Delete | DITE | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | BYRNE, TIMOTHY | | NAME STREET ADDRESS | | | |
| CiTY-ST-ZIP | 1505 FEDERAL STREET DALLAS TX 75201 | | CITY - ST - ZIP | | | |
| TITLE | V | ☐ Delete | TITLE | 1.000,000,000 | ☐ Change ☐ Addition | |
| NAME | JACKS, DAN | LLI Delete | NAME | U00000544751 | | |
| STREET ADDRESS | 1505 FEDERAL STREET | | STREET ADDRESS | 05/11/06-80048-0 | :5 15U.UU | |
| CITY-ST-ZIP | DALLAS TX 75201 | | CITY+ST-ZIP | | | |
| TITLE | ST | ☐ Delete | rate | · | ☐ Change ☐ Addition | |
| NAME | DAVIS, NANCY | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | 1505 FEDERAL STREET DALLAS TX 75201 | | STREET ADDRESS CITY-ST-ZIP | | | |
| | CD | Пан | — | | | |
| TITLE NAME | POGUE, MACK | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition | |
| STREET ADDRESS | 1505 FEDERAL STREET | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DALLAS TX 75201 | | CITY-ST-ZIP | | | |
| TITLE | VPAS | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | STREIT, DENNIS | | NAME | | _ • | |
| STREET ADDRESS | 1505 FEDERAL ST | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DALLAS TX 75201 | ······································ | CITY-ST-ZIP | | . = . = = . = . = | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | |
| | | 1. 1. 499 | CITY-ST-ZIP | | | |
| indicated of the co | certify that the information supplied v on this report or supplemental report poration or the receiver or trustee er d, or on an attachment with an addre | t is true and accurate and that r | ny signature shall have t t as required by Chapter | ined in Section 119, Florida Statutes. I further cer he same legal effect as if made under oath, that I i r 607, Florida Statutes; and that my name appears | tify that the information am an officer or director in Block 10 or Block 11 | |

Dennis Streit

Vice President- 4-24-06 2/4-740-4440
Assistant Secretary Daytime Phone #