

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 26 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

22915

**DOCUMENT # F94000003288 (7)**

1. Corporation Name

**LINCOLN ASSET MANAGEMENT COMPANY**

Principal Place of Business

Mailing Address

P.O. BOX 1920  
DALLAS TX 75221

P.O. BOX 1920  
DALLAS TX 75221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/22/1994

2. Principal Place of Business

2a. Mailing Address

21 1505 Federal St.

26

4. FEI Number

Applied For

APPROVED FOR 75-2555533

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Dallas, TX

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

75201

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	POGUE, MACK
STREET ADDRESS	1505 FEDERAL STREET
CITY - ST - ZIP	DALLAS TX
TITLE	PD
NAME	LOFTIS, MICHAEL G
STREET ADDRESS	1505 FEDERAL STREET
CITY - ST - ZIP	DALLAS TX
TITLE	VST
NAME	WALLIS, W M
STREET ADDRESS	1505 FEDERAL STREET
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	WESTCOTT, DAVID J
STREET ADDRESS	1505 FEDERAL STREET
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	MARTIN, BARRY K
STREET ADDRESS	1505 FEDERAL STREET
CITY - ST - ZIP	DALLAS TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	Dallas, TX 75201
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	Dallas, TX 75201
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	Dallas, TX 75201
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	Dallas, TX 75201
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	Dallas, TX 75201
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 037, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*W. Mark Wallis*

W. Mark Wallis 4-12-95 214-740-4440

(Signature and typed or printed name of signing officer or director)

Date

(Initial Filing #)