

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90059 027 \*\*\*150.00

**DOCUMENT # F99000004488**

1. Entity Name  
**LINCOLN NO. 2345, INC.** **90345-B**

Principal Place of Business      Mailing Address  
 G. BOX 1920      P.O. BOX 1920  
 DALLAS TX 75221      DALLAS TX 75221-1920

**839801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **75-2840160** **APPLIED FOR**      Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BYRNE, TIMOTHY	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKS, DAN	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75221	
TITLE	CD	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Everett, Leigh Ann	
STREET ADDRESS	500 North Akard, Suite 3300	
CITY-ST-ZIP	Dallas, TX 75221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 law and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leigh Ann Everett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Leigh Ann Everett**  
**Asst. Secretary**      Date: **4/11/00**      Daytime Phone #: **(214) 740-4440**