2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004488

1. Entity Name
LINCOLN NO. 2345, INC.

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

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2840160
☐ 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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BYRNE, TIMOTHY
STREET ADDRESS	500 NORTH AKARD, SUITE 3300
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	V
NAME	JACKS, DAN
STREET ADDRESS	500 NORTH AKARD, SUITE 3300
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	ST
NAME	DAVIS, NANCY
STREET ADDRESS	500 NORTH AKARD, SUITE 3300
CITY-ST-ZIP	DALLAS, TX 75221
TITLE	CD
NAME	POGUE, MACK
STREET ADDRESS	500 NORTH AKARD, SUITE 3300
CITY-ST-ZIP	DALLAS, TX 75221
TITLE	VPAS
NAME	STREIT, DENNIS
STREET ADDRESS	500 NORTH AKARD, STE 3400
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000332479
04/26/05-80060-004 150.00

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12. 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 Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Dennis Streit Vice President-Assistant Secretary 4-19-05 214-740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

90345