

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90258 012 ****50.00

DOCUMENT # M01000000726

1. Entity Name
LINCOLN RETIREMENT SERVICES COMPANY, LLC

Principal Place of Business Mailing Address
1300 S. CLINTON ST. 1300 S. CLINTON ST.
FT WAYNE IN 46802 FT WAYNE IN 46802

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 **35-2134263** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Robert D. Bond	1300 S. CLINTON ST.	FORT WAYNE, IN 46802		
	VICE - PRESIDENT				
	Kelly D. Cleverger	1300 S. CLINTON ST.	FORT WAYNE, IN 46802		
	VICE - PRESIDENT				
	Treasurer				
	Eldon J. Summers	1300 S. CLINTON ST	FORT WAYNE, IN 46802		
	Secretary				
	CYNTHIA A. ROSE	1300 S. CLINTON ST	FORT WAYNE, IN 46802		
	ASSISTANT SECRETARY				
	RONALD W TURPIN	1300 S. CLINTON ST	FORT WAYNE, IN 46802		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald W Turpin* **SIGNATURE REQUIRED** 1/7/02 29-455-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2083 (9/01)