


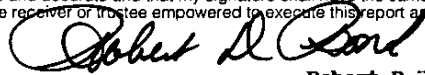
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90114 044 ****50.00

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DOCUMENT # M0100000726					
1. Entity Name LINCOLN RETIREMENT SERVICES COMPANY, LLC					
Principal Place of Business 1300 S. CLINTON ST. FT WAYNE, IN 46802			Mailing Address 1300 S. CLINTON ST. FT WAYNE, IN 46802		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2134263	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, ROBERT D		NAME		
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVENGER, KELLY D		NAME	Donald E. Keller	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	1300 South Clinton Street	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP	Fort Wayne, IN 46802	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, ELDON J		NAME		
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, CYNTHIA A		NAME	Marilyn K. Ondecker	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	1300 South Clinton Street	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP	Fort Wayne, IN 46802	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURPIN, RONALD W		NAME	Kathleen S. Polston	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	1300 South Clinton Street	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP	Fort Wayne, IN 46802	
TITLE		<input type="checkbox"/> Delete	TITLE	Second Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Donald S. Mockler	
STREET ADDRESS			STREET ADDRESS	1300 South Clinton Street	
CITY-ST-ZIP			CITY-ST-ZIP	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: 		Robert D. Bond - President		1/18/2005 (260) 455-2280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	