


**2006 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

*11-15-06  
D.W.*

**FILED  
Nov 17, 2006 8:00 A.M.  
Secretary of State**

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		09222006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number 35-2134263	
				Applied For Not Applicable	
				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 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				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	200080384972	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	10/03/06--01016--011 **50.00	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLER, DONALD E		NAME	200080384972	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	11/20/06--01049--014 **100.00	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERS, ELDON J		NAME	Treasurer	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	Rise C.M. Taylor	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP	1300 S. clinton street	
				Port Wayne, IN 46802	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONDECKER, MARILYN K		NAME		
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLSTON, KATHLEEN S		NAME	REINSTATEMENT	
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS	2006	
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOCKLER, DONALD S		NAME		
STREET ADDRESS	1300 SOUTH CLINTON STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46802		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kelly D. Clewenger</u> <u>Kelly Clewenger - manager</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date _____ Daytime Phone # _____</small>					