


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90120 013 ****50.00

DOCUMENT # M01000000726					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2134263	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. 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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, ROBERT D		NAME	James Garry Spence	
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	VP	<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, DONALD E		NAME	Kelly D. Clevenger	
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	TAYLOR, RISE C M		NAME		
STREET ADDRESS	1300 S CLINTON STREET		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE, IN 46802		CITY-ST-ZIP		
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		
STREET ADDRESS	1300 S CLINTON ST		STREET ADDRESS		
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 Clevenger</u>		Kelly Clevenger		(260) 455-2746	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	