

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90121 029 ***150.00

DOCUMENT # P06223

1. Entity Name

LNC REALTY CORPORATION

Principal Place of Business

**% COMPLIANCE DEPT
 200 E BERRY ST
 FT. WAYNE IN 46802-3506
 US**

Mailing Address

**% COMPLIANCE DEPT
 PO BOX 2390
 FT. WAYNE IN 46802-3506
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1610501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) **XX**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DRUSCIKK, JUDE T.**
 STREET ADDRESS **2005 MARKET ST 39TH FLOOR**
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition
 NAME **DRISCOLL, JUDE T**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **KORINKE, WALTER M**
 STREET ADDRESS **200 E BERRY ST**
 CITY-ST-ZIP **FORT WAYNE IN 46802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ROSE, CYNTHIA A**
 STREET ADDRESS **1300 S CLINTON ST**
 CITY-ST-ZIP **FT WAYNE IN 46801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☐ Delete
 NAME **CRAWFORD, FREDERICK J**
 STREET ADDRESS **1500 MARKET ST**
 CITY-ST-ZIP **PHILADELPHIA PA 19102-2112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BRODY, STEVEN R.**
 STREET ADDRESS **200 E BERRY ST**
 CITY-ST-ZIP **FT. WAYNE IN**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **FORT WAYNE IN 46802**

TITLE **D** ☐ Delete
 NAME **QUEK, SEE YENG**
 STREET ADDRESS **2005 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
 Steven R. Brody, President and Director

January 9, 2002 219-455-5390

Date

Daytime Phone #

CR2E034 (9/01)