

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90090 030 \*\*\*150.00

**DOCUMENT # P06223**

1. Entity Name  
**LNC REALTY CORPORATION**



Principal Place of Business  
**1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802 US**

Mailing Address  
**PO BOX 2390  
MAIL CODE 3C-08  
FT. WAYNE, IN 46802-3506 US**

**30033421**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**35-1610501**

Applied For  
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **2V** ☒ Delete  
NAME **MONTGOMERY, MARYBETH**  
STREET ADDRESS **1300 SOUTH CLINTON STREET**  
CITY-ST-ZIP **FORT WAYNE, IN 46802**

TITLE **D** ☐ Change ☒ Addition  
NAME **John Gerber**  
STREET ADDRESS **1300 South Clinton Street**  
CITY-ST-ZIP **Fort Wayne IN 46802**

TITLE **S** ☒ Delete  
NAME **BYRER, JOYCE L**  
STREET ADDRESS **1300 S CLINTON ST**  
CITY-ST-ZIP **FORT WAYNE, IN 46802**

TITLE **S** ☐ Change ☒ Addition  
NAME **Ondecker, Marilyn K.**  
STREET ADDRESS **1300 S Clinton St**  
CITY-ST-ZIP **Fort Wayne IN 46802**

TITLE **VT** ☐ Delete  
NAME **CRAWFORD, FREDERICK J**  
STREET ADDRESS **1500 MARKET ST**  
CITY-ST-ZIP **PHILADELPHIA, PA 191022112**

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

TITLE **PD** ☐ Delete  
NAME **BRODY, STEVEN R.**  
STREET ADDRESS **1300 SOUTH CLINTON STREET**  
CITY-ST-ZIP **FORT WAYNE, IN 46802**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steven R. Brody*

Steven R. Brody

3/23/05

260-455-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #