

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90623 001 ***300.00

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

1300 SOUTH CLINTON STREET

3. Mailing Address

P.O. BOX 2390

Suite, Apt. #, etc.

MAIL CODE 3C-08

City & State

City & State

Zip

Country

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☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
NAME	DRISCOLL, JUDE T	
STREET ADDRESS	2005 MARKET ST 39TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KORINKE, WALTER M	
STREET ADDRESS	200 E-BERRY ST.	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A	
STREET ADDRESS	1300 S CLINTON ST	
CITY-ST-ZIP	FT WAYNE IN 46801	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CRAWFORD, FREDERICK J	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRODY, STEVEN R.	
STREET ADDRESS	200 E-BERRY ST	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUEK, SEE YENG	
STREET ADDRESS	2005 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 SOUTH CLINTON STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS	1300 SOUTH CLINTON STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **REQUIRED** President/Director

March 4, 2003 260-455-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)