

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F92000000997 (8)

1. Corporation Name
MANNING & NAPIER ADVISORS, INC.



Principal Place of Business
**1100 CHASE SQUARE
 ROCHESTER NY 14604**

Mailing Address
**1100 CHASE SQUARE
 ROCHESTER NY 14604-1805**

3. Date Incorporated or Qualified
12/01/1992

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

16-0995736

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUMP, SHARON L
 FIRST FLORIDA BANK PLAZA
 1800 SECOND STREET, SUITE 852
 SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MANNING, WILLIAM	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERRICK, FONDA L	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	AUSPITZ, B. R	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	EDWARD, GEORGE R	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	HENDERSHOT, BETH	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMANN, JEFFREY A	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Beth Hendershot Galusha
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham FONDA L Herrick 3/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007005

CR2E034 (9/96)