

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name
MANNING & NAPIER ADVISORS, INC.

F920000000997

Principal Place of Business: 1100 CHASE SQUARE, ROCHESTER, NY 14604
Mailing Address: 1100 CHASE SQUARE, ROCHESTER, NY 14604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1992

4. FEI Number: 16-0995736

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
STUMP, SHARON L.
FIRST FLORIDA BANK PLAZA
1800 SECOND STREET, SUITE 852
SARASOTA, FL 34236

10. Name and Address of New Registered Agent

81 Name: LINDA GRASSE
82 Street Address (P.O. Box Number is Not Acceptable): SOUTH TRUST PLAZA
83 City, State, Zip: 1800 SECOND STREET, SUITE 852, FL 34236
84 City: SARASOTA, FL 85 Zip Code: 34236

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 in both 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: *Linda Grasse* LINDA GRASSE, REGISTERED AGENT DATE: _____

12. OFFICERS AND DIRECTORS

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. REUBEN	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER, NY 14604	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GEORGE, EDWARD R.	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER, NY 14604	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	GALUSHA, BETH HENDERSHOT	
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 14604	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Addition
52 NAME	600002493846
53 STREET ADDRESS	-04/20/98--01078--003
54 CITY-ST-ZIP	***150.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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: *Fonda Herrick*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1998 (716) 325-6880
Date: _____ Designation: _____

CR2E034 (10/97)

PE
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