

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90035 003 \*\*\*150.00

DOCUMENT # *F92000000997*  
1. Entity Name  
**Manning & Napier Advisors, Inc.**

**DO NOT WRITE IN THIS SPACE**

**851248**

2. Principal Place of Business  
**1100 Chase Square**  
Suite, Apt. #, etc.

3. Mailing Address  
**1100 Chase Square**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Rochester, NY**  
Zip  
**14604**  
Country  
**US**

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**Rochester, NY**  
Zip  
**14604**  
Country  
**US**

4. FEI Number  
**16-0995736**  
Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**CT Corporation Systems**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City  
**Plantation FL** Zip Code  
**33324**

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 \_\_\_\_\_ (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.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD William Manning 1100 Chase Square Rochester, NY 14604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Michelle Thomas 1100 Chase Square Rochester, NY 14604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD B. Reuben Auspitz 1100 Chase Square Rochester, NY 14604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO Beth H. Galusha 1100 Chase Square Rochester, NY 14604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jeffrey Herrmann 1100 Chase Square Rochester, NY 14604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Thomas* **4-30-02** **585-325-6880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Michelle Thomas, Corporate Secretary**