

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sara B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003105 (4)

1. Corporation Name

MANNING & NAPIER ADVISORY ADVANTAGE CORPORATION



Principal Place of Business

1100 CHASE SQUARE  
ROCHESTER NY 14604  
US

Mailing Address

1100 CHASE SQUARE  
ROCHESTER NY 14604  
US

3. Date Incorporated or Qualified <b>07/02/1993</b>	3a. Date of Last Report <b>02/01/1995</b>
4. FEI Number <b>16-1368091</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTES, J. MONTIETH  
ONE LINCOLN FIRST SQUARE  
SUITE 852  
SARASOTA FL 34236

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>1800 Second Street, Suite 852</b>
84 City	<b>Sarasota</b>
85 Zip Code	<b>FL 34236</b>

11. Pursuant to the provisions of Sections 607.0302 and 607.1306, 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 607.0306, Florida Statutes.

SIGNATURE

Date (Month/Day/Year) of Signature (Print or Type)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PTD AUSPITZ, B. REUBEN</b>
STREET ADDRESS	<b>1100 CHASE SQUARE</b>
CITY, STATE	<b>ROCHESTER NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD WATKINS, BRENDA F</b>
STREET ADDRESS	<b>1100 CHASE SQUARE</b>
CITY, STATE	<b>ROCHESTER NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE	

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, STATE	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	<b>Oathout, Brenda F</b>
17 STREET ADDRESS	
18 CITY, STATE	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, STATE	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, STATE	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, STATE	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer 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: *Brenda F. Oathout*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 716-325-6880  
DATE TELEPHONE

CR2E034 (12/95)