



FILED

May 08 1997 8:00am
Secretary of State

DOCUMENT # F93000003105 (4)
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: 07/02/1993
3a. Date of Last Report: 2/20/96

2a. Mailing Address: 26
27
28
25 Country: 29 30

4. FEI Number: 16-1368091
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARON STUMP
1800 Second Street, Suite 852
Sarasota, FL 34236

81. Name
82. Street Address (P.O. Box Number's Not Acceptable)
83.
84. City FL 85. Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1808, 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, or other governing body, and I, the undersigned, am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	AUSPITZ, B. REUBEN	
3. STREET ADDRESS	1100 CHASE SQUARE	
4. CITY-STATE-ZIP	ROCHESTER NY	
1. TITLE	SD	<input type="checkbox"/> DELETE
2. NAME	OATHOUT, BRENDA F.	
3. STREET ADDRESS	1100 CHASE SQUARE	
4. CITY-STATE-ZIP	ROCHESTER NY	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	

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***165.00

I do hereby certify that the information supplied with 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 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: *Brenda F. Oathout*
Brenda F. Oathout Corporate Secretary

4/29/97 (716) 325-6880

CORPORATION (12/97)