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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90094 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000003105

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/02/1993

4. FEI Number
16-1368091

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 the current year Intangible Personal Property Tax. Yes No

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

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

9. Name and Address of Current Registered Agent

**MOORE, COLLEEN
 SOUTH TRUST PLAZA, SUITE 852
 1800 SECOND STREET
 SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	B. Reuben Auspitz	
1.3 STREET ADDRESS	1100 Chase Square	
1.4 CITY-ST-ZIP	Rochester, NY 14604	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul E. Peltier	
3.3 STREET ADDRESS	6099 Riverside Drive, Suite 207	
3.4 CITY-ST-ZIP	Dublin, OH 43017	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beth H. Galusha	
4.3 STREET ADDRESS	1100 Chase Square	
4.4 CITY-ST-ZIP	Rochester, NY 14604	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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, with all other like empowered.

SIGNATURE: Brenda F. Oathout **REQUIRED** Brenda F. Oathout 1/26/99 (716) 325-6880
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)