

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005130

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** MANNING & NAPIER ADVISORS, LLC

**Current Principal Place of Business:**

290 WOODCLIFF DRIVE  
FAIRPORT, NY 14450

**New Principal Place of Business:**

**Current Mailing Address:**

290 WOODCLIFF DRIVE  
FAIRPORT, NY 14450

**New Mailing Address:**

**FEI Number:** 45-3240790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANNING & NAPIER GROUP, LLC  
Address: 290 WOODCLIFF DRIVE  
City-St-Zip: FAIRPORT, NY 14450

Title: CEO  
Name: CUNNINGHAM, PATRICK  
Address: 290 WOODCLIFF DRIVE  
City-St-Zip: FAIRPORT, NY 14450 US

Title: PD  
Name: COONS, JEFFREY S  
Address: 290 WOODCLIFF DRIVE  
City-St-Zip: FAIRPORT, NY 14450 US

Title: CFO  
Name: MIKOLAICHUK, JAMES  
Address: 290 WOODCLIFF DRIVE  
City-St-Zip: FAIRPORT, NY 14450 US

Title: CLO  
Name: YATES, RICHARD B  
Address: 290 WOODCLIFF DRIVE  
City-St-Zip: FAIRPORT, NY 14450 US

Title: CS  
Name: THOMAS, MICHELLE  
Address: 290 WOODCLIFF DRIVE  
City-St-Zip: FAIRPORT, NY 14450 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE THOMAS

CS

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date