

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90022 031 ***150.00

DOCUMENT # P08751

1. Entity Name

THE ADVISORS GROUP, INC.

Principal Place of Business

Mailing Address

7315 WISCONSIN AVENUE
 BETHESDA MD 20814

C/O CUMBERLAND LICENSING CORPORATION
 P.O. BOX 7543
 CUMBERLAND RI 02864-0906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1248901**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, M. CATHERINE	
STREET ADDRESS	7315 WISCONSIN AVENUE	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDS, ROBERT-JOHN H.	
STREET ADDRESS	7315 WISCONSIN AVENUE	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	CLYDE, ROBERT W.	
STREET ADDRESS	7315 WISCONSIN AVENUE	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HELMS, JEFFREY W. D	
STREET ADDRESS	7315 WISCONSIN AVENUE	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	CD	<input type="checkbox"/> Delete
NAME	NASON, CHARLES T	
STREET ADDRESS	7315 WISCONSIN AVENUE	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	GLOWICZ, LEONA	
STREET ADDRESS	7315 WISCONSIN AVENUE	
CITY-ST-ZIP	BETHESDA MD 20814	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	marcovici May	
STREET ADDRESS	7315 Wisconsin Avenue	
CITY-ST-ZIP	Bethesda MD 20814	

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 Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: *David A Glazer* **David A Glazer** **1/24/2000** **301-280-1085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #