

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29416

1. Corporation Name
VISTA FUND DISTRIBUTORS, INC.

Principal Place of Business 3435 STELZER ROAD COLUMBUS OH 43219 US	Mailing Address 3435 STELZER ROAD COLUMBUS OH 43219 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1990	
21	22	26	27	4. FEI Number 13-3565208	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTHEIS, LEE W		1.2 NAME		
STREET ADDRESS	101 PARK AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10178		1.4 CITY-ST-ZIP		
TITLE	CCEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN J MANGUM		2.2 NAME		
STREET ADDRESS	150 CLOVE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE FALLS NJ 07424		2.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	J DAVID HUBER		3.2 NAME		
STREET ADDRESS	3435 STELZER RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43219		3.4 CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMULLEN, ROBERT J		4.2 NAME		
STREET ADDRESS	BISYS, 150 COVE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE FALLS NJ 07424		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT TUCH		5.2 NAME		
STREET ADDRESS	3435 STELZER RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43219		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS		6.2 NAME		
STREET ADDRESS	BISYS, 150 COVE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE FALLS NJ 07424		6.4 CITY-ST-ZIP		

Please see attached List

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: _____ DATE: 2/8/99 DAYTIME PHONE # _____

CR2E034 (1/98)

VISTA FUND DISTRIBUTORS INC.

Corporate Officers & Directors

Position	Name	Business Address
Chairman/CEO/DIRECTOR	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
President	Richard Baxt	150 Clove Rd., Little Falls, NJ 07424
Vice president/Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	William J Tomko	3435 Stelzer Rd. Columbus, Ohio 43219
Senior Vice President	Lee Schuitheis	101 Park Ave , 16th Floor, New York, NY10016
Executive VP/treasurer/DIR	Dennis Sheehan	150 Clove Rd., Little Falls, NJ 07424
Vice President	Michael Burns	3435 Stelzer Rd. Columbus, Ohio 43219
Vice President	David Blackmore	3435 Stelzer Rd. Columbus, Ohio 43219
Compliance Officer	Mark Telfer	3435 Stelzer Rd. Columbus, Ohio 43219
Compliance Officer	Steven Ludwig	3435 Stelzer Rd. Columbus, Ohio 43219
Assistant Secretary	Robert Tuch	3435 Stelzer Rd. Columbus, Ohio 43219

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02/01/99