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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90113 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F92000000997

1. Corporation Name
MANNING & NAPIER ADVISORS, INC.



Principal Place of Business
**1100 CHASE SQUARE
 ROCHESTER NY 14604**

Mailing Address
**1100 CHASE SQUARE
 ROCHESTER NY 14604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1992

4. FEI Number
16-0995736

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 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**MOORE, COLLEEN
 SOUTH TRUST PLAZA
 1800 SECOND STREET, SUITE 852
 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P MANNING, WILLIAM | 1.2 NAME | PD MANNING, WILLIAM |
| STREET ADDRESS | 1100 CHASE SQUARE | 1.3 STREET ADDRESS | 1100 CHASE SQUARE |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 1.4 CITY-ST-ZIP | ROCHESTER, NY 14604 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S HERRICK, FONDA L | 2.2 NAME | |
| STREET ADDRESS | 1100 CHASE SQUARE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVP AUSPITZ, B. REUBEN | 3.2 NAME | |
| STREET ADDRESS | 1100 CHASE SQUARE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVP EDWARD, GEORGE R | 4.2 NAME | |
| STREET ADDRESS | 1100 CHASE SQUARE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TCFO HENDERSHOT GALUSHA, BETH | 5.2 NAME | |
| STREET ADDRESS | 1100 CHASE SQUARE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D HERMANN, JEFFREY A | 6.2 NAME | |
| STREET ADDRESS | 1100 CHASE SQUARE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 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: _____ (716)
 Fonda L. Herrick February 10, 1999 325-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1/1/98)