

2001 UNIFORM BUSINESS REPORT (UBR)

0603625

DOCUMENT # F92000000997

1. Entity Name

MANNING & NAPIER ADVISORS, INC.

FILED

01 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1100 CHASE SQUARE
ROCHESTER NY 14604

Mailing Address

1100 CHASE SQUARE
ROCHESTER NY 14604

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 16-0995736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADRIAN, GRETCHEN
SOUTH TRUST PLAZA
1800 SECOND STREET, SUITE 852
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name CT Corporation Systems
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City Plantation FL 33324

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]* MARCELL L. SMITH ASST SECY 4-30-01
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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANNING, WILLIAM	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRICK, FONDA L	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	AUSPITZ, REUBEN B	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	HENDERSHOT GALUSHA, BETH	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERMANN, JEFFREY A	
STREET ADDRESS	1100 CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

[Signature]

4/20/01

716-325-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)