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FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005916 (9)

1. Corporation Name

FUNDSELECT ADVISERS, INC.

Principal Place of Business

1550 OLD HENDERSON RD., S-100
COLUMBUS OH 43220-0629

Mailing Address

1550 OLD HENDERSON RD., S-100
COLUMBUS OH 43220-3628



3. Date Incorporated or Qualified

11/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

31-0788106

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MOLLMANN, JOSEPH M	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY - ST - ZIP	COLUMBUS OH 43220-0629	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	MOLLMANN, HERMAN H JR	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY - ST - ZIP	COLUMBUS OH 43220-0629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLLMANN, JANET M	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY - ST - ZIP	COLUMBUS OH 43220-0629	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STUDEBAKER, MICHAEL J	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY - ST - ZIP	COLUMBUS OH 43220-0629	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GENEL, FREDERICK H	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY - ST - ZIP	COLUMBUS OH 43220-0629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Michael J. Studebaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Studebaker 4/17/97 (614)442-5444

Vice President & General Counsel

Date

Daytime Phone #

CR2E034 (9/96)