

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000117 (8)**  
1. Corporation Name  
**THE PROVIDENCE GROUP INVESTMENT ADVISORY COMPANY**

Principal Place of Business <b>ONE TURKS HEAD PLACE, SUITE 900 PROVIDENCE RI 02903</b>	Mailing Address <b>ONE TURKS HEAD PLACE, SUITE 900 PROVIDENCE RI 02903</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>01/08/1997</b>	
				4. FEI Number <b>52-1051073</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FIELD, H. JAMES JR 5085 N. AIA VERO BEACH FL 32983</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	CD	<input type="checkbox"/> DELETE		1.1 TITLE	ES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIELD, H. JAMES JR			1.2 NAME	David von Hemert		
STREET ADDRESS	ONE TURKS HEAD PLACE, SUITE 900			1.3 STREET ADDRESS	One Turks Head Place, Suite 900		
CITY - ST - ZIP	PROVIDENCE RI 02903			1.4 CITY - ST - ZIP	Providence, RI 02903		
TITLE	PSD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURANS, SCOTT B			2.2 NAME	Scott B. Laurans		
STREET ADDRESS	ONE TURKS HEAD PLACE, SUITE 900			2.3 STREET ADDRESS	One Turks Head Place, Suite 900		
CITY - ST - ZIP	PROVIDENCE RI 02903			2.4 CITY - ST - ZIP	Providence, RI 02903		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TUGGLE, WILLIAM C			3.2 NAME	Diana L. Johnson		
STREET ADDRESS	ONE TURKS HEAD PLACE, SUITE 900			3.3 STREET ADDRESS	One Turks Head Place, Suite 900		
CITY - ST - ZIP	PROVIDENCE RI 02903			3.4 CITY - ST - ZIP	Providence, RI 02903		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTELLO, J. MICHAEL			4.2 NAME			
STREET ADDRESS	ONE TURKS HEAD PLACE, SUITE 900			4.3 STREET ADDRESS			
CITY - ST - ZIP	PROVIDENCE RI 02903			4.4 CITY - ST - ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHACE, MALCOLM G IV			5.2 NAME			
STREET ADDRESS	ONE TURKS HEAD PLACE, SUITE 900			5.3 STREET ADDRESS			
CITY - ST - ZIP	PROVIDENCE RI 02903			5.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLOS, JOSEPHINE H			6.2 NAME			
STREET ADDRESS	ONE TURKS HEAD PLACE, SUITE 900			6.3 STREET ADDRESS			
CITY - ST - ZIP	PROVIDENCE RI 02903			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.

SIGNATURE: W C Tuggle W C Tuggle 2/9/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001203

CR2E034 (10/97)