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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Mailing Address

THE ADVISORS GROUP, INC.

(0)	
` '	

Mar 25 1998 8:00am
Secretary of State

FILED



7315 WISCONSIN AVENUE BETHESDA MD 20814		7315 WISCONSIN AVENUE BETHESDA MD 20814			DO NOT MUNITE IN THE	UO 00 4 00	_			
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	<u> </u>			
					,					
2. Principal F	Place of Business	2a. Mailing Address			01/17/1986 4. FEI Number		14	-lia el Cas		
21		26				-		olied For		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	······································		52-1248901	60		Applicable dditional		
22	•	27			5. Certificate of Status Desired		ee Re			
City & Stat	le	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 (dded to	May Be		
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the	current ye	ar Inta	ngible		
24	25		30		Personal Property Tax due June 30.	☐ Yes	(X	No		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name										
1	T CORPORATION SYSTEM		"	INAMIE						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street a	Address (P.O. Box Number is Not Acceptable)					
	*		83							
			84	City	F	L 85	Zip C	ode		
office of r	egi ste red agent, or both, in the State.	of Florida. Such change was a	uthorized b	/ the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of choo	ging its	registered egistered		
ageni. i a	m familiar with, and accept the obliga	itions of, Section 607.0505, Floi	rida Statute	S.						
SIGNATURE	Signature, typed or printed name of registered agen	t and tille d applicable APDIE	Designation of A	-1-11	required when reinstating) DATE					
12.	OFFICE RS AND	····	13.	ant biginature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS A		CTORS	1 IN 12		
TITLE	8	DELETE	1.1 TITLE		Secretary	K Ch		Addition		
NAME	HILL, M. CATHERINE	-	1.2 NAME		M. Catherine Hill	-				
STREET ADDRESS	\$1-LOUIGIANA AVE NW		1.3 STREET	ADDRESS	7315 Wisconsin Avenue					
CITY-ST-ZIP	WASHINGTON DC	÷	1.4 CITY- S	- 1	Bethesda, MD 20814					
TITLE	D	DELETE	2.1 TITLE	7	Director	Ch	anoe	Addition		
NAME	SANDS, ROBERT-JOHN H.		2.2 NAME		Robert-John H. Sands	A-				
STREET ADDRESS	-61 LOUISIANA AVE. NW-		2.3 STREET	ADDRESS	7315 Wisconsin Avenue					
CITY-ST-ZIP	-WASHINGTON DC	•	2. 4 CITY -		Bethesda, MD 20814					
TITLE	D	☐ DELETE	3.1 TITLE		· ·	K Ch	ange	Addition		
NAME	CLYDE, ROBERT W.		3.2 NAME		Director Robert W. Clyde		-			
STREET ADDRESS	\$1-LOUISIANA AVE NW-		3.3 STREET	ADDRESS	7315 Wisconsin Avenue					
CITY-ST-ZIP	WASHINGTON DO		3.4. CITY-5		Bethesda, MD 20814			1		
TITLE	PDC	DELETE	4.1 TITLE		Pres/Dir/Chairman	Z Ch	ange	Addition		
NAME	HELMS, JEFFREY W.		4. 2 NAME		Jeffrey W. Helms					
STREET ADDRESS	51-LOUISIANA AVE NW		4.3 STREET	ADDRESS	7315 Wisconsin Avenue					
CITY-ST-ZIP	WASHINGTON DC.		4.4 CiTY - S	T-ZIP	Bethesda, MD 20814					
TITLE	D	DELETE	5.1 TITLE	İ	Director	☐ Chi	ange	Addition		
NAME	SCHNEIDER, PAUL L.		5.2 NAME	1	Charles T. Nason					
STREET ADDRESS	81-LOUISIANA-AVE NW		5.3 STREET	ADDRESS	7315 Wisconsin Avenue					
CITY-ST-ZIP	WASHINGTON-DC		5.4 CITY - S	T-ZIP	Bethesda, MD 20814					
TITLE	V	DELETE	6.1 TITLE		Vice President	Ç Cha	inge	Addition		
NAME	GLOWICZ, LEONA		6.2 NAME	İ	Leona Glowicz					
STREET ADDRESS	51-LOUISIANA AVE NW.		6.3 STREET	ADDRESS	7315 Wisconsin Avenue					
CITY-ST-ZIP	WASHINGTON DC		6.4 CITY-S	r- ZiP	Retherds MD 2081/					

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 open attachment with an address