

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90070 001 ***150.00

00016550



DO NOT WRITE IN THIS SPACE

DOCUMENT # P08751 1. Entity Name THE ADVISORS GROUP, INC.			
Principal Place of Business 7315 WISCONSIN AVENUE BETHESDA MD 20814		Mailing Address C/O CUMBERLAND LICENSING CORPORATION P.O. BOX 7543 CUMBERLAND RI 02864	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1248901		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, M. CATHERINE 7315 WISCONSIN AVENUE BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, ROBERT-JOHN H. 7315 WISCONSIN AVENUE BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CLYDE, ROBERT W. 7315 WISCONSIN AVENUE BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HELMS, JEFFREY W. D 7315 WISCONSIN AVENUE BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NASON, CHARLES T 7315 WISCONSIN AVENUE BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCOVICI, MAY 7315 WISCONSIN AVENUE BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 See attached list			
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: <i>Shirley Hitchcock</i>		01/25/2001 301-280-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/00)

**THE ADVISORS GROUP, INC.
OFFICERS/DIRECTORS**

Attachment
DH# P08751
C0016550

NAME	TITLE	Business Address	ADD
Salene Hitchcock-Gear	President/CEO	7315 Wisconsin Avenue Bethesda, MD 20814	X
James E. Harvey	Vice President	7315 Wisconsin Avenue Bethesda, MD 20814	X
Karen C. Guthrie	Vice President and Chief Compliance Officer	7315 Wisconsin Avenue Bethesda, MD 20814	X
Scott A Grebenstein	Vice President, Business Development/ Director	7315 Wisconsin Avenue Bethesda, MD 20814	X
Michael Grimmer	Vice President/ Chief Operating Officer	7315 Wisconsin Avenue Bethesda, MD 20814	X
David A. Glazer	Regional Vice President	7315 Wisconsin Avenue Bethesda, MD 20814	X
Brian J. Owens	Senior Vice President/ Director	7315 Wisconsin Avenue Bethesda, MD 20814	X
M. Catherine Hill	Secretary	7315 Wisconsin Avenue Bethesda, MD 20814	
Jeff Harrison	Asst. Vice President , Marketing & Sales	7315 Wisconsin Avenue Bethesda, MD 20814	X
Todd D. Green	Asst. Secretary, Staff Attorney	7315 Wisconsin Avenue Bethesda, MD 20814	X
Mey Marcovici	Treasurer	7315 Wisconsin Avenue Bethesda, MD 20814	
Mindy Gasthalter	Asst. Vice President, Training & Development	7315 Wisconsin Avenue Bethesda, MD 20814	X
Michelle Ray	Vice President, Investment Advisory Services	7315 Wisconsin Avenue Bethesda, MD 20814	X