

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08751

FILED
Apr 14, 2004
Secretary of State

Entity Name: THE ADVISORS GROUP, INC.

Current Principal Place of Business:

7315 WISCONSIN AVENUE
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

C/O CUMBERLAND LICENSING CORPORATION
P.O. BOX 7543
CUMBERLAND, RI 02864

New Mailing Address:

FEI Number: 52-1248901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VM () Delete
Name: ARIAS, BEVERLY
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: PRES () Delete
Name: HITCHCOCK-GEAR, SALENE
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: VP/D () Delete
Name: GREBENSTEIN, SCOTT A
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: SEC () Delete
Name: GREEN, TODD D
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: CD () Delete
Name: NASON, CHARLES T
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: VP () Delete
Name: GLAZER, DAVID A
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/ (X) Change () Addition
Name: HEILMAN, CHERYL L
Address: 5900 "O" ST 4TH FLOOR
City-St-Zip: LINCOLN, NE 68510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. HEILMAN

VP

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date

REX SNYDER, V.P
7315 WISCONSIN AVE
BETHESDA MD 20814

BRIAN J. OWENS , SR. V.P/DIRECTOR
7315 WISCONSIN AVE
BETHESDA MD 20814