

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 038 ***150.00

DOCUMENT # P15698

1. Corporation Name
VANTAGE GLOBAL ADVISORS, INC.

Principal Place of Business

630 5TH AVE
STE 2670
NEW YORK NY 10111
US

Mailing Address

PO BOX 2390
ATTN: COMPLIANCE DEPT
FORT WAYNE IN 46801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1987

4. FEI Number

13-2995724

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINCOLN NATIONAL LIFE INSURANCE COMPANY
1262 N. PAUL RUSSEL ROAD
TALLAHASSEE FL 32301

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME WITTMAN, T. SCOTT
STREET ADDRESS 630 5TH AVE
CITY-ST-ZIP NEW YORK NY

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME BEEKS, RENEE L.
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FORT WAYNE IN

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME VIANI, MARK C.
STREET ADDRESS 630 5TH AVE
CITY-ST-ZIP NEW YORK NY

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME Chang, Enrique
3.3 STREET ADDRESS 630 5th Avenue
3.4 CITY-ST-ZIP New York NY 10111

TITLE AV ☐ DELETE
NAME LEE, KEVIN
STREET ADDRESS 630 5TH AVE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE VST ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BLUME, DENNIS A.
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT WAYNE IN

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCMEEKIN, H. THOMAS
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT WAYNE IN

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis A. Blume April 8, 1999 219-455-2753

Date

Daytime Phone #

CR2E034 (11/98)