

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15698

1. Entity Name

VANTAGE GLOBAL ADVISORS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90115 022 ***150.00

Principal Place of Business

Mailing Address

630 5TH AVE
STE 2670
NEW YORK NY 10111
US

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

2. Principal Place of Business

3. Mailing Address

405 Lexington Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
34th Floor

City & State

City & State
New York, New York

Zip

Country

10174

USA

4. FEI Number 13-2995724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME WITTMAN, T. SCOTT
STREET ADDRESS 630 5TH AVE
CITY-ST-ZIP NEW YORK NY

TITLE PD ☐ Change ☒ Addition
NAME Roger Sayler
STREET ADDRESS 405 Lexington Avenue
CITY-ST-ZIP New York NY 10174

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

TITLE D ☐ Change ☒ Addition
NAME Bruce D. Barton
STREET ADDRESS 1818 Market Street
CITY-ST-ZIP Philadelphia PA 19103

TITLE V ☐ Delete
NAME CHANG, ENRIQUE
STREET ADDRESS 630 5TH AVE
CITY-ST-ZIP NEW YORK NY 10111

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 405 Lexington Avenue
CITY-ST-ZIP New York NY 10174

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 405 Lexington Avenue
CITY-ST-ZIP New York NY 10174

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2005 Market Street
CITY-ST-ZIP Philadelphia PA 19103

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:

Dennis A. Blume
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2000

Date

219-455-2753

Daytime Phone #

CR2E034 (9/99)