

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90115 022 \*\*\*150.00

**DOCUMENT # P15698**

1. Entity Name  
**VANTAGE GLOBAL ADVISORS, INC.**

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.  
 34th Floor

Suite, Apt. #, etc.

City & State

City & State

New York, New York

4. FEI Number **13-2995724**

Applied For

Not Applicable

Zip  
 10174

Country  
 USA

Zip

Country

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)