

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P08751 (0)**

1. Corporation Name

**THE ADVISORS GROUP, INC.**



Principal Place of Business

Mailing Address

51 LOUISIANA AVE NW  
WASHINGTON DC 20001

51 LOUISIANA AVE NW  
WASHINGTON DC 20001

3. Date Incorporated or Qualified <b>01/17/1986</b>	3a. Date of Last Report <b>10/23/1995</b>
4. FET Number <b>52-1248901</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, M. CATHERINE</b>	1.2 NAME	
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDS, ROBERT-JOHN H.</b>	2.2 NAME	
STREET ADDRESS	<b>51 LOUISIANA AVE, NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLYDE, ROBERT W.</b>	3.2 NAME	
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELMS, JEFFREY W.</b>	4.2 NAME	
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, PAUL L.</b>	5.2 NAME	
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLOWICZ, LEONA</b>	6.2 NAME	
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *Leona M. Glowicz* **Leona M. Glowicz** April 29, 1996 (202) 628-4506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)