

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

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P08751 (0)**

1. Corporation Name  
**THE ADVISORS GROUP, INC.**

Principal Place of Business <b>7315 WISCONSIN AVENUE BETHESDA MD 20814</b>	Mailing Address <b>7315 WISCONSIN AVENUE BETHESDA MD 20814</b>
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DO NOT WRITE IN THIS SPACE

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	30

3. Date Incorporated or Qualified <b>01/17/1986</b>	
4. FEI Number <b>52-1248901</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HILL, M. CATHERINE</b>
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANDS, ROBERT-JOHN H.</b>
STREET ADDRESS	<b>51 LOUISIANA AVE, NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLYDE, ROBERT W.</b>
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>HELMS, JEFFREY W.</b>
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, PAUL L.</b>
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>GLOWICZ, LEONA</b>
STREET ADDRESS	<b>51 LOUISIANA AVE NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>M. Catherine Hill</b>
1.3 STREET ADDRESS	<b>7315 Wisconsin Avenue</b>
1.4 CITY-ST-ZIP	<b>Bethesda, MD 20814</b>
2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Robert-John H. Sands</b>
2.3 STREET ADDRESS	<b>7315 Wisconsin Avenue</b>
2.4 CITY-ST-ZIP	<b>Bethesda, MD 20814</b>
3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Robert W. Clyde</b>
3.3 STREET ADDRESS	<b>7315 Wisconsin Avenue</b>
3.4 CITY-ST-ZIP	<b>Bethesda, MD 20814</b>
4.1 TITLE	<b>Pres/Dir/Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Jeffrey W. Helms</b>
4.3 STREET ADDRESS	<b>7315 Wisconsin Avenue</b>
4.4 CITY-ST-ZIP	<b>Bethesda, MD 20814</b>
5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Charles T. Nason</b>
5.3 STREET ADDRESS	<b>7315 Wisconsin Avenue</b>
5.4 CITY-ST-ZIP	<b>Bethesda, MD 20814</b>
6.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Leona Glowicz</b>
6.3 STREET ADDRESS	<b>7315 Wisconsin Avenue</b>
6.4 CITY-ST-ZIP	<b>Bethesda, MD 20814</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

CR2E034 (10/97)