

**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

**DOCUMENT # P08751**  
 1. Corporation Name  
**The Advisors Group, Inc.**

Principal Place of Business  
**7315 Wisconsin Avenue  
 Bethesda, MD 20814**

Mailing Address  
**C/O Cumberland Licensing  
 Corporation  
 P.O. Box 7543  
 Cumberland, RI 02864**

RECEIVED  
 99 MAR 19 PM 4:50  
 TALLAHASSEE, FLORIDA

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	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**1/17/86**

4. FEI Number  
**52-1248901** 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

10. Name and Address of New Registered Agent

**CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed and registered agent and the corporation (Print Name and Title of Registered Agent and Title of Corporation)

12. OFFICERS AND DIRECTORS

TITLE	[DELETE]
NAME	See attached list
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Addition]

**200002824462--0**  
**-03/30/99--01107--016**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
 [Change] [Addition]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption under The Section 13907 (99) 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. This year officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like company.

**MS. 3/24/99 99AR**

SIGNATURE: **Myles Edwards 2/24/99** 800-777-1500

SIGNATURE AND TITLE OF REGISTERED AGENT AND THE CORPORATION

CR2E034 (1/198)