

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843518 (2)

1. Corporation Name
COUNTRYWIDE SERVICES CORPORATION



Principal Place of Business 2000 WESTWOOD DRIVE P.O. BOX 8017 WAUSAU WI 54402-5017	Mailing Address 2000 WESTWOOD DRIVE P.O. BOX 8017 WAUSAU WI 54402-5017
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3. Date Incorporated or Qualified 06/21/1979	3a. Date of Last Report 04/11/1995
4. FEI Number 43-0967042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICHOLS, R. L.	
STREET ADDRESS	11933 WESTLINE IND. DR.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BYRON, R. J.	
STREET ADDRESS	2000 WESTWOOD DR	
CITY-ST-ZIP	WAUSAU, WI 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SANFORD, W.C.	
STREET ADDRESS	2000 WESTWOOD DR.	
CITY-ST-ZIP	WAUSAU WI	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	ISAACSON, S.R.	
STREET ADDRESS	2000 WESTWOOD DR.	
CITY-ST-ZIP	WAUSAU WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINETE, D.C.	
STREET ADDRESS	2000 WESTWOOD DR.	
CITY-ST-ZIP	WAUSAU WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP, ASSOC GC & SEC
2.3 STREET ADDRESS	J.S. HOFFERT
2.4 CITY-ST-ZIP	2000 WESTWOOD DR WAUSAU WI 54401
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	J.S. TORRENS
3.4 CITY-ST-ZIP	2000 WESTWOOD DR WAUSAU WI 54401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VICE PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *J.S. Torrens* J.S. TORRENS 4-16-96 (715)845-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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COUNTRYWIDE SERVICES CORPORATION
LIST OF OFFICERS AND DIRECTORS

TITLE	NAME	ADDRESS
CHAIRMAN	D.R. MCFERSON	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
PRESIDENT & CEO	D.R. MCFERSON	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
VICE CHAIRMAN	G.R. BARNES	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
MANAGING DIRECTOR	S.R. ISAACSON	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
PRESIDENT & COO	R.L. NICHOLS	400 S WOODS MILL RD, ST LOUIS MO 63017-3400
EXEC VP-LAW & CORP SERV	G.E. MC CUTCHAN	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
SR VP & GEN COUNSEL	W.S. DRUEN	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
SR VICE PRES. & CFO	R.A. OAKLEY	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
VICE PRESIDENT	G.M. FLEMING	400 S WOODS MILL RD, ST LOUIS MO 63017-3400
VP, ASSOC GC & SEC	J.S. HOFFERT	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
VICE PRESIDENT	D.C. ROBINETTE	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
TREASURER	J.S. TORRENS	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
ASST. SECRETARY	D.W. CLICK	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
ASST. SECRETARY	W.C. OLAFSSON	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
ASST. SECRETARY	D.T. WILHITE	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
ASST. TREASURER	V.E. AMUNDSON	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
ASST. TREASURER	M.A. FOLK	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
DIRECTOR	G.R. BARNES	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
DIRECTOR	D.E. DAVIS	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
DIRECTOR	S.R. ISAACSON	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
DIRECTOR	D.R. MCFERSON	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
DIRECTOR	R.L. NICHOLS	400 S WOODS MILL RD, ST LOUIS MO 63017-3400
DIRECTOR	D.C. ROBINETTE	2000 WESTWOOD DRIVE, WAUSAU, WI 54401