

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 # P34052

(1)

1. Corporation Name

PEBSCO SECURITIES CORP.



Principal Place of Business

ONE NATIONWIDE PLAZA
COLUMBUS OH 43215

Mailing Address

PEBSCO SECURITIES CORP
ONE NATIONWIDE PLAZA, 1-13-G1
COLUMBUS OH 43215
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/22/1991

3a. Date of Last Report

03/16/1995

4. FEI Number

73-0988442

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME WILKINSON, JAY G.
STREET ADDRESS TWO NATIONWIDE PLAZA
CITY-ST-ZIP COLUMBUS OH

TITLE S ☒ DELETE

NAME KOOGLER, MARK B.
STREET ADDRESS 7860 SABLE CT
CITY-ST-ZIP DUBLIN OH

TITLE ST ☒ DELETE

NAME CIMINERO, JOSEPH F.
STREET ADDRESS ONE NATIONWIDE PLAZA
CITY-ST-ZIP COLUMBUS OH

TITLE CD ☐ DELETE

NAME MCFERSON, D R
STREET ADDRESS ONE NATIONWIDE PLAZA
CITY-ST-ZIP COLUMBUS OH

TITLE D ☒ DELETE

NAME FRENZER, PETER F
STREET ADDRESS ONE NATIONWIDE PLAZA
CITY-ST-ZIP COLUMBUS OH

TITLE D ☐ DELETE

NAME BROCK, JAMES E.
STREET ADDRESS ONE NATIONWIDE PLAZA
CITY-ST-ZIP COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Murphy, Timothy
1.3 STREET ADDRESS One Nationwide Plaza
1.4 CITY-ST-ZIP Columbus, OH

2.1 TITLE Secretary ☒ Change ☐ Addition

2.2 NAME McCutchan, Gordon E.
2.3 STREET ADDRESS One Nationwide Plaza
2.4 CITY-ST-ZIP Columbus, OH

3.1 TITLE VP-Treasurer ☒ Change ☐ Addition

3.2 NAME Robert O. Cline
3.3 STREET ADDRESS One Nationwide Plaza
3.4 CITY-ST-ZIP Columbus, OH

4.1 TITLE Director ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME Gasper, Joseph J.
5.3 STREET ADDRESS One Nationwide Plaza
5.4 CITY-ST-ZIP Columbus, OH

6.1 TITLE ☐ Change ☐ 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert O. Cline 4/17/96 (614) 249-5354

Date

Daytime Phone #

CR2E034 (12/95)