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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P34609 (8)

1. Corporation Name: NATIONWIDE FINANCIAL INSTITUTION DISTRIBUTORS AG ENCY, INC.



Principal Place of Business: ONE NATIONWIDE PLAZA COLUMBUS OH 43215-2220 US Mailing Address: ONE NATIONWIDE PLAZA 1-13-G1 COLUMBUS OH 43215 US

3. Date Incorporated or Qualified: 07/01/1991 3a. Date of Last Report: 05/01/1996 4. FEI Number: 31-1316276 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

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

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. 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 City: 84 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 agent 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:

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include D. McFerson Richard, Gasper, Joseph J, MEEK, Duane C., OAKLEY Richard A., VS MCCUTCHAN, Gordon E., and CLINE, Robert O.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows correspond to the officers listed in the previous table.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12a changed, or on an attachment with an address.

SIGNATURE: Robert O. Cline, Vice President-Treasurer

March 3, 1997 (614) 249-5844 Date Daytime Phone # 0511472

CR2E034 (9/96)