

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

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90079 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34609

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 43215-2220 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1991	
4. FEI Number 31-1316276	Applied For <input type="checkbox"/> Yes <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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-1316276		<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27 Attn: Glenn Weimar		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country	9. Name and Address of Current Registered Agent			
24	25	29	30	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFERSON, DIMON R	1.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPER, JOSEPH J	2.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEK, DUANE C.	3.2 NAME	President
STREET ADDRESS	ONE NATIONWIDE PLAZA	3.3 STREET ADDRESS	Karen L. Eisenbach
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	One Nationwide Plaza Columbus, OH 43215-2220
TITLE	F <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY RICHARD A.	4.2 NAME	Robert A. Oakley
STREET ADDRESS	ONE NATIONWIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICK, DENNIS W	5.2 NAME	Vice President and Secretary
STREET ADDRESS	ONE NATIONWIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215-2220	5.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, ROBERT O	6.2 NAME	Vice President & Treasurer
STREET ADDRESS	ONE NATIONWIDE PLAZA	6.3 STREET ADDRESS	Mark R. Thresher
CITY-ST-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP	One Nationwide Plaza Columbus, OH 43215-2220

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Berndt ASST. TREASURER Gary Berndt, Asst. Treasurer 2/10/99 (614) 249-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)