

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90009 038 ***150.00

DOCUMENT # P34609

1. Entity Name

NATIONWIDE FINANCIAL INSTITUTION DISTRIBUTORS AG

Principal Place of Business

Mailing Address

**NATIONWIDE PLAZA
 COLUMBUS OH 43215-2220**

**ONE NATIONWIDE PLAZA
 1-13-G1
 COLUMBUS OH 43215-2220
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1316276

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFERSON, DIMON R	NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215-2220	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASPER, JOSEPH J	NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215-2220	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENBACH, KAREN L	NAME	P/D
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS	Matthew A. Riebel
CITY-ST-ZIP	COLUMBUS OH 43215-2220	CITY-ST-ZIP	One Nationwide Plaza, Columbus, Ohio 43215-2220
TITLE	F <input type="checkbox"/> Delete	TITLE	EVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OAKLEY, ROBERT A	NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215-2220	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRESHER, MARK R	NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215-2220	CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLICK, DENNIS W	NAME	AVP/S
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS	Glenn W. Soden
CITY-ST-ZIP	COLUMBUS OH 43215-2220	CITY-ST-ZIP	One Nationwide Plaza, Columbus, Ohio 43215-2220

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Berndt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Berndt-Assistant Treasurer

4/25/00

Date

(614)249-7001

Daytime Phone #

CR2E034 (9/01)




#P34609
A0065534

April 26, 2000

Department of State
Division of Corporations
Annual Reports, Caller Service #1500
Tallahassee, Florida 32302-1500

Enclosed is the Annual Report for, Nationwide Financial Institution
Distributors Agency, Inc..

Please acknowledge receipt of the above by signing the attached copy of this
letter and returning it to us in the enclosed, self-addressed, stamped
envelope.


Glenn Weimar
Accounting Manager

GW: ak

Enc.

Acknowledgement