

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000073602

Entity Name: MEEDER PUBLIC FUNDS, INC.**Current Principal Place of Business:**6125 MEMORIAL DRIVE
DUBLIN, OH 43017**Current Mailing Address:**6125 MEMORIAL DRIVE
DUBLIN, OH 43017 US**FEI Number:** 34-1700641**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------------------|
| Title | PESIDENT AND CHIEF EXECUTIVE OFFICER |
| Name | MEEDER, ROBERT |
| Address | 6125 MEMORIAL DRIVE |
| City-State-Zip: | DUBLIN OH 43017 |

| | |
|-----------------|-----------------------|
| Title | SENIOR VICE PRESIDENT |
| Name | CLICK, JOHN JASON |
| Address | 6125 MEMORIAL DRIVE |
| City-State-Zip: | DUBLIN OH 43017 |

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|-----------------|---------------------|
| Title | VP |
| Name | HEADINGS, JASON |
| Address | 6125 MEMORIAL DRIVE |
| City-State-Zip: | DUBLIN FL 43017 |

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|-----------------|---------------------|
| Title | SECRETARY |
| Name | SALONSKY, ALAINA |
| Address | 6125 MEMORIAL DRIVE |
| City-State-Zip: | DUBLIN OH 43017 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALONSKY, ALAINA**SECRETARY****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date