# 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007126

Entity Name: THI HOLDINGS (DELAWARE), INC.

### **Current Principal Place of Business:**

22901 MILLCREEK BLVD HIGHLAND HILLS, OH 44122

### **Current Mailing Address:**

22901 MILLCREEK BLVD HIGHLAND HILLS, OH 44122 US

# FEI Number: 52-2031677

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

# FILED Apr 26, 2016 Secretary of State CC9219661876

Date

Certificate of Status Desired: No

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

#### Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	VICE PRESIDENT AND SECRETARY
Name	BENSON, JAMES D.	Name	HORNER, ROBERT W. III
Address	ONE NATIONWIDE PLAZA	Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215	City-State-Zip:	COLUMBUS OH 43215
Title Name Address City-State-Zip:	VICE PRESIDENT AND TREASURER CROSSER, WENDELL P. ONE NATIONWIDE PLAZA COLUMBUS OH 43215	Title Name Address	SENIOR VICE PRESIDENT-HEAD OF TAXATION BIESECKER, PAMELA A. ONE NATIONWIDE PLAZA
, , , , , , , , , , , , , , , , , , ,		City-State-Zip:	COLUMBUS OH 43215
Title Name	DIRECTOR LEACH, MICHAEL P.	Title	ASSOCIATE VP, ASSISTANT SECRETARY
Address	ONE NATIONWIDE PLAZA	Name	HARTMAN, MARK E.
City-State-Zip:	COLUMBUS OH 43215	Address	ONE NATIONWIDE PLAZA
Title	ASSOCIATE VP, ASSISTANT SECRETARY	City-State-Zip:	COLUMBUS OH 43215
Name	RICHARDS, KATHY R.	Title	ASSOCIATE VP, ASSISTANT SECRETARY
Address	ONE NATIONWIDE PLAZA	Name	SHAH, PARAG H
City-State-Zip:	COLUMBUS OH 43215	Address	ONE NATIONWIDE PLAZA
		City-State-Zip:	COLUMBUS OH 43215

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: ROBERT W. HORNER, III

SECRETARY

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date