FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 818911 (0)

1. Corporation Name
NATIONWIDE FINANCIAL SERVICES, INC.

Principal Place of Business
ONE NATIONWIDE PLAZA
COLUMBUS OH 43215

Mailing Address
ONE NATIONWIDE PLAZA
COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-2434406 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1 TITLE	P ☒ Change ☐ Addition
NAME	~~TRIMBLE, MARIAN A.~~	1 NAME	Peter F. Frenzer
STREET ADDRESS	~~ONE NATIONWIDE PLAZA~~	1 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	~~COLUMBUS OH~~	1 CITY-ST-ZIP	Columbus, OH
TITLE	S	2 TITLE	☐ Change ☐ Addition
NAME	MERCER, RAE I	2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	2 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2 CITY-ST-ZIP	
TITLE	C	3 TITLE	☐ Change ☐ Addition
NAME	WEIHL, HAROLD W	3 NAME	
STREET ADDRESS	14282 KING RD	3 STREET ADDRESS	
CITY-ST-ZIP	BOLWING GREEN OH	3 CITY-ST-ZIP	
TITLE	T	4 TITLE	☐ Change ☐ Addition
NAME	LAIRD, JAMES F. JR.	4 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	4 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	FUELLGRAF, CHARLES L JR	5 NAME	
STREET ADDRESS	600 S. WASHINGTON ST.	5 STREET ADDRESS	
CITY-ST-ZIP	BUTLER PA	5 CITY-ST-ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	FENZER, PETER F.	6 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	6 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 4/26/95 (614) 249-5947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James F. Laird, Jr. - Treasurer

0384700 CP