2000 UNIFORM BUSINESS REPORT (UBR) FILED 818911 **DOCUMENT #** 00 APR 14 AM 9: 02 1. Entity Name SECRETARY OF STATE
TAGEARASSEE, FLORIDA Nationwide Advisory Services Principal Place of Business Mailing Address 3 Nationwide Plaza 3 Nationwide Plaza Columbus OH 43215 Columbus OH 43215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2434406 Not Applicable Zig Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System 1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation FL 33324 City FI 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 FRUE NOVEL PER IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After NAY 1, 2000 Fee wall be \$650.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees Make Check Payable to Department of Side (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT Delete TITLE Change Addition NAME Joseph J. Gasper NAME STREET ADDRES ONE NATIONWIDE PLAZA STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP COLUMBUS OH 43215 SECREARY TITLE Delete TITLE Change Addition DENNIS W. CLICK NAME NAME **500003223295**---01079--014 STREET ADDRES ONE NATIONWIDE PLAZA STREET ADDRESS CITY- ST- ZIP CITY- ST-ZIP COLUMBUS OH 43215 ****150 TITLE DIRECTOR Delete TITLE Change NAME ROBERT OAKLEY NAME STREET ADDRES ONE NATIONWIDE PLAZA STREET ADDRESS CITY ST. ZIF CITY - ST- ZIP COLUMBUS OH 43215 TITE F DIRECTOR Delete TITLE Change Addition NAME SUSAN WOLKEN NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS CITY- ST- ZIF CITY - ST- ZIP COLUMBUS OH 43215 TITLE VP AND GENERAL MANAGER Defete TITLE Addition Change NAME JAMES F. LAIRD, JR. NAME STREET ADDRESS STREET ADDRES ONE NATIONWIDE PLAZA CITY- ST- ZIP CITY - ST- ZIP COLUMBUS OH 43215 Addition TITLE TREASURER Delete TIT? F Change NAME ! NAME CHRISTOPHER CRAY STREET ADDRESS STREET ADDRESS THREE NATIONWIDE PLAZA KΕ CITY - ST- ZIP CITY - ST- ZIP COLUMBUS OH 43215 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

DENNIS W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLICK 04/05/00

Date

614-249-7531

Daytime Phone #

SIGNATURE:

E034 (9/99)