2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#818911

Entity Name: NATIONWIDE SECURITIES, INC.

FILED Apr 15, 2008 Secretary of State

Littly Name: NATIONWIDE SECORTIES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5525 PARKCENTER CIRCLE DUBLIN, OH 43017 US				3 NATIONWIDE PLAZA COLUMBUS, OH 43215 US		
Current Mailing Address:			New Mailii	New Mailing Address:		
ONE NATIONWIDE PLAZA ATTN JOHN JACKSON, 1-35-19 COLUMBUS, OH 43215 US				3 NATIONWIDE PLAZA COLUMBUS, OH 43215 US		
FEI Number:	36-2434406	FEI Number Applied For () FEI	l Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 S. PIN PLANTATIO			se of changing it	ts registered of	fice or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () E THOMPSON, R. O ONE NATIONWIE COLUMBUS, OH	DE PLAZA	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	V ()E CAUCCI, MARGA 300 CONTINENT. NEWARK, DE 19	AL DR	Title: Name: Address: City-St-Zip:	SVPT (X) BENSON, JAME 3 NATIONWIDE COLUMBUS, OH	PLAZA	
Title: Name: Address: City-St-Zip:	SVPT () EBENSON, JAMES ONE NATION PLA COLUMBUS, OH	4ZA	Title: Name: Address: City-St-Zip:	DIR (X) CARTER, JOHN 3 NATION PLAZA COLUMBUS, OF	A	
Title: Name: Address: City-St-Zip:	AVPS () E SODEN, GLENN ONE NATIONWIE COLUMBUS, OH	DE PLAZA	Title: Name: Address: City-St-Zip:	DIR (X) FROMMEYER, T 3 NATIONWIDE COLUMBUS, OF	PLAZA	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DIR () GOLATO, PETEI 3 NATIONWIDE COLUMBUS, OF	PLAZA	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DIR () JACKSON, WILL 3 NATIONWIDE COLUMBUS OF	PLAZA	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J EVANS PRES 04/15/2008