

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 854033 (8)

1. Corporation Name

NATIONWIDE COMMUNICATIONS SERVICES INC.



Principal Place of Business

ONE NATIONWIDE PLAZA  
COLUMBUS OH 43215

Mailing Address

ONE NATIONWIDE PLAZA  
COLUMBUS OH 43215

3. Date Incorporated or Qualified

09/10/1982

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

31-4361074

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature type for greatest name of registered agent and that applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	BERGER, STEVEN	ONE NATIONWIDE PLAZA	COLUMBUS OH	<input type="checkbox"/> DELETE			
D	FISHER, JOHN E	ONE NATIONWIDE PLAZA	COLUMBUS OH	<input checked="" type="checkbox"/> DELETE			
VT	HOYT, WILLARD W	ONE NATIONWIDE PLAZA	COLUMBUS, OHIO 00000	<input type="checkbox"/> DELETE			
AT	GLASSBURN, PATRICIA L	ONE NATIONWIDE PLAZA	COLUMBUS, OHIO 00000	<input type="checkbox"/> DELETE			
D	FRENZER, PETER F	ONE NATIONWIDE PLAZA	COLUMBUS OH	<input type="checkbox"/> DELETE			
V	MCCUTCHAN, GORDON E	ONE NATIONWIDE PLAZA	COLUMBUS, OHIO 00000	<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D RICHARD McFERSON ONE NATIONWIDE PL COLUMBUS OH		
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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)(k), 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: *Patricia L. Glassburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Asst Treas (614) 2497673*  
Date: \_\_\_\_\_ Designated Phone # \_\_\_\_\_

CR2E034 (12/95)