


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Roberson SEP 01 2005

FILED
05 AUG 31 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

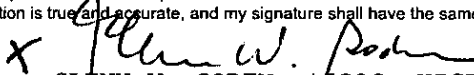
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		F00000006555	
1. Corporation Name GARTMORE DISTRIBUTION SERVICES, INC.			
2. Principal Office Address 1200 RIVER ROAD Suite, Apt. #, etc. City & State CONSHOHOCKEN, PA Zip 19428		3. Mailing Office Address ONE NATIONWIDE PLAZA Suite, Apt. #, etc. ATTN: ROGER CRAIG, 1-35-16 City & State COLUMBUS, OHIO Zip 43215-2220	
Country	U.S.A.	Country	U.S.A.

RECEIVED 02-05
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08/30/05--01055--001 **1200.00
 4. Date Incorporated or Qualified To Do Business in Florida 11/27/2000
 5. FEI Number 31-1748721
 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name C T CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Timothy Roberson REGISTERED AGENT Assistant Secretary Date <u>8/25/05</u>		
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JEFFREY STUART MEYER	300 BARR HARBOR DR BRIDGE FIVE TWR	WEST CONSHOHOCKEN, PA 19428
D	PAUL J. HONDROS	1200 RIVER ROAD	CONSHOHOCKEN, PA 19428
V/D	GERALD J. HOLLAND	1200 RIVER ROAD	CONSHOHOCKEN, PA 19428
T	GREGORY B. MCGINLEY	1200 RIVER ROAD	CONSHOHOCKEN, PA 19428
S	SANDRA L. RICH	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215-2220
V/AS	GLENN W. SODEN	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215-2220

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	(614) GLINN W. SODEN, ASSOC. VICE PRES. & ASST. SECRETARY August 1, 2005 249-7111 Date Daytime Phone #

CR2E081 (07/05)