




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90056 010 ***150.00

DOCUMENT # F00000006555 1. Entity Name GARTMORE DISTRIBUTION SERVICES, INC.					
Principal Place of Business 1200 RIVER ROAD CONSHOHOCKEN, PA 19428			Mailing Address ATTN: ROGER CRAIG, I-35-16 ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220 0		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01052007 Chg-P CR2E034 (12/06) 4. FEI Number 31-1748721 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Suite, Apt. #, etc		Suite, Apt. #, etc JOHN JACKSON 1-35-19			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> City FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIN, YOUNG D		NAME	JOHN H. GRADY	
STREET ADDRESS	300 BARR HARBOR DR, STE W		STREET ADDRESS	300 BARR HARBOR DR, STE	
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428		CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, JEFFREY S		NAME	ROBERT A. ROSHOLT	
STREET ADDRESS	300 BARR HARBOR DR FIVE TWR BRIDGE		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE		
NAME	HOLLAND, GERALD J		NAME		
STREET ADDRESS	1200 RIVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIPP, THOMAS M		NAME	ALISON SCHACHTER	
STREET ADDRESS	1200 RIVER RD		STREET ADDRESS	1200 RIVER ROAD	
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428		CITY-ST-ZIP	CONSHOHOCKEN, PA 19428	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, SANDRA L		NAME	JOANNE MCGOLDRICK	
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	AVP/AST SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODEN, GLENN W		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>JOANNE MCGOLDRICK AVP-SEC</u>  <u>JAN 11 2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					