
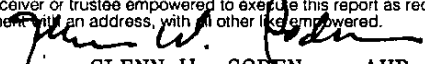


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 037 ***150.00

DOCUMENT # F94000001219			
1. Entity Name 1717 BROKERAGE SERVICES, INC.			
Principal Place of Business 1000 CHESTERBROOK BLVD BERWYN, PA 19312-2419		Mailing Address P O BOX 1717 VALLEY FORGE, PA 19482 US	
2. Principal Place of Business		3. Mailing Address ONE NATIONWIDE PLAZA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: ROGER CRAIG 1-35-16	
City & State		City & State COLUMBUS, OH	
Zip	Country	Zip	Country
		43215	US
4. FEI Number 23-2412039		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PCOO	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCAHAN, GARY D <input checked="" type="checkbox"/> Delete	NAME	R. CLAY THOMPSON
STREET ADDRESS	1000 CHESTERBROOK BLVD	STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	BERWYN, PA 19312	CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	VPT <input type="checkbox"/> Delete	TITLE	SVP/AT / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, JAMES D	NAME	
STREET ADDRESS	1000 CHESTERBROOK BLVD	STREET ADDRESS	
CITY-ST-ZIP	BERWYN, PA 19312	CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> Delete	TITLE	SVP / T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCCO, BRIAN W	NAME	
STREET ADDRESS	100 CHESTERBROOK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BERWYN, PA 19312	CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUOZZO, PETER D	NAME	FLORENCE LATHEN-HARRIS
STREET ADDRESS	1000 CHESTERBROOK BLVD	STREET ADDRESS	1000 CHESTERBROOK BLVD
CITY-ST-ZIP	BERWYN, PA 19312	CITY-ST-ZIP	BERWYN, PA 19312
TITLE	S <input type="checkbox"/> Delete	TITLE	VP / S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, THOMAS E	NAME	
STREET ADDRESS	1000 CHESTERBROOK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BERWYN, PA 19312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-9-2005 614.249.7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
GLENN W. SODEN AVP-AST SEC			