

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000006356**

1. Entity Name

PENSION ASSOCIATES, INC.**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90035 020 ***150.00

Principal Place of Business

**2000 WESTWOOD DR.
WAUSAU WI 54401-7881**

Mailing Address

**P O BOX 8017
WAUSAU WI 54402-8017
US**

2. Principal Place of Business

400 Westwood Dr.

Suite, Apt. #, etc.

3. Mailing Address

One Nationwide Plaza

Suite, Apt. #, etc.

1-13-G1

City & State

Wausau, WI

City & State

Columbus, Ohio

4. FEI Number

39-1805904

Applied For

Not Applicable

Zip
54401Country
US

Zip

43215-2220Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VPT** ☐ Delete
NAME **CAMPBELL, DUANE M**
STREET ADDRESS **ONE NATIONWIDE PLAZA**
CITY-ST-ZIP **COLUMBUS OH**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☒ Delete
NAME **ROBINETTE, DOUG C**
STREET ADDRESS **2000 WESTWOOD DRIVE**
CITY-ST-ZIP **WAUSAU WI 54401**TITLE ☐ Change ☒ Addition
NAME **Senior VP/Director**
STREET ADDRESS **Mark R. Thresher**
CITY-ST-ZIP **One Nationwide Plaza, Columbus, Ohio**
43215-2220TITLE **P** ☐ Delete
NAME **ERICKSON, THOMAS J**
STREET ADDRESS **2000 WESTWOOD DR.**
CITY-ST-ZIP **WAUSAU WI 54401**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SVP** ☐ Delete
NAME **WOKEN, SUSAN A**
STREET ADDRESS **ONE NATIONWIDE PLAZA**
CITY-ST-ZIP **COLUMBUS OH 54401**TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **BARNES, GALEN R**
STREET ADDRESS **1 NATIONWIDE PLAZA**
CITY-ST-ZIP **COLUMBUS OH**TITLE ☐ Change ☒ Addition
NAME **COB/CEO/D**
STREET ADDRESS **Dimon R. McFerson**
CITY-ST-ZIP **One Nationwide Plaza, Columbus, Ohio**
43215-2220TITLE **VC** ☐ Delete
NAME **GASPER, JOSEPH J**
STREET ADDRESS **ONE NATIONWIDE PLAZA**
CITY-ST-ZIP **COLUMBUS OH**TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Mark R. Thresher-SVP/D****4/25/00****(614) 249-7001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)