

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90039 033 \*\*\*150.00

**DOCUMENT # F94000006356**

1. Entity Name  
**PENSION ASSOCIATES, INC.**

Principal Place of Business

**400 WESTWOOD DRIVE  
 WAUSAU WI 54401**

Mailing Address

**ONE NATIONWIDE PLAZA  
 1-13-G1  
 COLUMBUS OH 34215-2220  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1805904**

Applied For  
 Not Applicable

5. 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, 2002 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 **SVPD** ☐ Delete  
 NAME **THRESHER, MARK R**  
 STREET ADDRESS **ONE NATIONWIDE PLAZA**  
 CITY-ST-ZIP **COLUMBUS OH 43215-2220**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS** ☐ Delete  
 NAME **SODEN, GLENN W**  
 STREET ADDRESS **ONE NATIONWIDE PLAZA**  
 CITY-ST-ZIP **COLUMBUS OH 43215-2220**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **ERICKSON, THOMAS J**  
 STREET ADDRESS **400 WESTWOOD DRIVE**  
 CITY-ST-ZIP **WAUSAU WI 54401**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SVPD** ☒ Delete  
 NAME **WOLKEN, SUSAN A**  
 STREET ADDRESS **ONE NATIONWIDE PLAZA**  
 CITY-ST-ZIP **COLUMBUS OH 54401**

TITLE ☐ Change ☒ Addition  
 NAME **Michael C. Butler**  
 STREET ADDRESS **One Nationwide Plaza**  
 CITY-ST-ZIP **Columbus, Ohio 43215-2220**

TITLE **CEO** ☐ Delete  
 NAME **JURGENSEN, WM. G.**  
 STREET ADDRESS **1 NATIONWIDE PLAZA**  
 CITY-ST-ZIP **COLUMBUS OH 43215-2220**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VCD** ☐ Delete  
 NAME **GASPER, JOSEPH J**  
 STREET ADDRESS **ONE NATIONWIDE PLAZA**  
 CITY-ST-ZIP **COLUMBUS OH**

TITLE ☒ Change ☐ Addition  
 NAME  
 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*

**Mark R. Thresher-SVPD**

04/11/02

(614) 249-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)