



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90254 047 ***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	
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 <div style="display: flex; justify-content: space-between;"> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	SVPD <input type="checkbox"/> Delete		TITLE	SVP/CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THRESHER, MARK R		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	AVP/AS <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		
TITLE	P <input type="checkbox"/> Delete		TITLE	P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, THOMAS J		NAME		
STREET ADDRESS	400 WESTWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WAUSAU, WI 54401		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	BUTLER, MICHAEL		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	CEO <input checked="" type="checkbox"/> Delete		TITLE		
NAME	JURGENSEN, WM. G.		NAME		
STREET ADDRESS	1 NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	VC <input type="checkbox"/> Delete		TITLE		
NAME	GASPER, JOSEPH J		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH		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: 			Mark R. Thresher-Senior VP/CFO		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 04/22/04 (614) 249-7001		