

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 012 ***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		4. FEI Number 39-1805904	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	VCD KENNEDY, M. EILEEN <input checked="" type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy Frommeyer One Nationwide Plaza, Columbus, OH 43215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARNES, THOMAS E <input type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ERICKSON, THOMAS J <input type="checkbox"/> Delete 400 WESTWOOD DRIVE WAUSAU, WI 54401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, MICHAEL <input type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAS, RICHARD A <input checked="" type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandra L. Rich One Nationwide Plaza, Columbus, OH 43215	
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: 			Timothy Frommeyer-SVP/CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			04/20/06 (614) 249-2572 <small>Date Daytime Phone #</small>		



**Pension
Associates**

a Nationwide® Financial company

ATTACHMENT

40069565

F94000006356

April 20, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Enclosed is the Annual Report for Pension Associates, Inc.

Please acknowledge receipt of the above by signing the attached copy of this letter and returning it to us in the enclosed, self-addressed, stamped envelope.

Glenn Weimar
Director of Accounting

GW: ak

Enc.

Acknowledgement