## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000006356

Entity Name: PENSION ASSOCIATES, INC.

FILED Apr 14, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

44 EAST MIFFLIN STREET MADISON, WI 53703

Current Mailing Address: New Mailing Address:

44 EAST MIFFLIN STREET MADISON, WI 53703

FEI Number: 39-1805904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: SVPD

Name: FROMMEYER, TIMOTHY G SVPDAT

Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215

Title: SEC

Name: RICHARDS, KATHY R SEC Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215

Title: VPT

Name: DOVE, CAROL L VPTREAS Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215

Title: DIR

Title:

Name: CARTER, JOHN L DIR
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

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Name: BIESECKER, PAMELA A SVP Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215

Title: AVP

Name: RICHARDS, KATHY R AVP Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MEYER POA 04/14/2010