


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000005915 (1)**

1. Corporation Name

NATIONAL DEFERRED COMPENSATION, INC.

Principal Place of Business

1550 OLD HENDERSON RD., S-100
COLUMBUS OH 43220-0629

Mailing Address

1550 OLD HENDERSON RD., S-100
COLUMBUS OH 43220-0629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

2. Principal Place of Business

2a. Mailing Address

21 1550 Old Henderson Rd.
Suite, Apt. #, etc.

26 1550 Old Henderson Rd.
Suite, Apt. #, etc.

22 S-100
City & State

27 S-100
City & State

23 Columbus Ohio
Zip

28 Columbus Ohio
Zip

24 43220-0629
Country

25 U.S.A.

29 0629
Country

30 U.S.A.

4. FEI Number

31-0873935

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MOLLMANN, JOSEPH M	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY-ST-ZIP	COLUMBUS OH 43220-0629	

TITLE	VDC	<input type="checkbox"/> DELETE
NAME	MOLLMANN, HERMAN H	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY-ST-ZIP	COLUMBUS OH 43220-0629	

TITLE	S	<input type="checkbox"/> DELETE
NAME	STUDEBAKER, MICHAEL J	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY-ST-ZIP	COLUMBUS OH 43220-0629	

TITLE	I	<input type="checkbox"/> DELETE
NAME	GENEL, FREDERICK H	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY-ST-ZIP	COLUMBUS OH 43220-0629	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLLMANN, JANET M	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY-ST-ZIP	COLUMBUS OH 43220-0629	

TITLE	V	<input type="checkbox"/> DELETE
NAME	AUSTING, BERNARD J	
STREET ADDRESS	1550 OLD HENDERSON RD., S-100	
CITY-ST-ZIP	COLUMBUS OH 43220-0629	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **REQUIRED**

Date

Florida Phone #

0500112

CR2E034 (10/97)