F9800	0006737
TO: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: <u>National Deferred Compen</u> (Name of corpora	ation, Inc.
Dear Sir or Madam: The enclosed "Application by Foreign Corpo Florida", "Certificate of Existence", and chec foreign corporation to transact business in Flo	4000027103049 -12/11/9801077001 ****157.50 *****87.50 ration for Authorization to Transact Business in ek are submitted to register the above referenced orida.
Please return all correspondence concerning	this matter to the following:
Tyla L. Reynol	.ds
(Na	me of Person)
Nationwide Mu	tual Insurance Company
(Fi	rm/Company)
One Nationwid	e Plaza, 1-35-16
· · ·	(Address)
Columbus, OH	43215
	ity/State/Zip)
Should you need to call someone concerning Leonila Z. Cosper	
(Name of Person)	at ()
	$\omega$

# **COURIER ADDRESS:**

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Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	National Deferred Compensation, Inc.
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Ohio 3. 31-1602784
	(State or country under the law of which it is incorporated) 3. <u>31-1602/84</u> (FEI number, if applicable)
4.	June 19, 1998 5. Perpetual
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	August 1, 1998
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	
	One Nationwide Plaza, Columbus, OH 43215
	(Current mailing address)
8.	To engage in the transaction 60f any lawful act or activity for which corporation may be formed under section 607.1503 of the Florida Statute (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: CT Corporation System
	Office Address: 1200 South Pine Island Road
	Office Address: 1200 Soluti Pine Island Road Plantation , Florida , 33324 (Zip Code) :
10	(Zip Code)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Susan J. Metze, Asst. Sec'y 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	lames and addresses of officers and/or directors: (Street address ONLY- P. O. Box	
	NOT acceptable)	

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and the second second

# A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

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Chairman	See attached list	
Address:		···
Vice Chai	rman:	
Address:		_ • • -
Director:	·····	·
Address:		
Director:	· · · · · · · · · · · · · · · · · · ·	·
B. OFFI	CERS (Street address only- P. O. Box NOT acceptable)	• • • • • •
President:	See attached list	
Address:		
Vice Presi	dent:	 
Secretary:		
<b>T</b> rong (11) (11)		
	·	
1		-
<b>NOTE:</b> I officers ar	f necessary, you may attach an addendum to the application listing additional addor directors.	
13 <u>.</u> (Si	Dennis W. Chiche gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. De:	nnis W. Click, Vice President-Secretary	
· · ·	(Typed or printed name and capacity of person signing application)	·

#### **OFFICERS**

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## NATIONAL DEFERRED COMPENSATION, INC.

Dimon R. McFerson Joseph J. Gasper Duane C. Meek Joseph M. Mollman Hermann H. Mollman Robert A. Oakley Robert J. Woodward, Jr. W. Sidney Druen Mark R. Thresher Dennis W. Click Lance W. Kesterson Michael J. Studebaker Duane M. Campbell Gary E. Berndt Terry C. Smetzer John F. Delaloye Glenn W. Soden

Address:

One Nationwide Plaza Columbus, OH 43215

## **BOARD OF DIRECTORS**

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## NATIONAL DEFERRED COMPENSATION, INC.

Joseph J. Gasper Richard A. Karas Dimon R. McFerson Robert A. Oakley Robert J. Woodward, Jr.

Address:

One Nationwide Plaza Columbus, OH 43215

# UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show NATIONAL DEFERRED COMPENSATION, INC., an Ohio Corporation, Charter No. 1010752, having its principal location in Columbus, County of Franklin, was incorporated on June 19, 1998, is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at Columbus, Ohio on November 30, 1998

Bob Taft

Bob Taft Secretary of State