

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 042 ***150.00

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01072004 Chg-P CR2E034 (10/03)

DOCUMENT # F98000006737 1. Entity Name NATIONAL DEFERRED COMPENSATION, INC.					
Principal Place of Business ATTN: GLENN WEMAR ONE NATIONWIDE PLAZA COLUMBUS, OH 43215			Mailing Address ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. Roger Craig, 1-35-16			
City & State Zip		City & State Zip		4. FEI Number 31-1602784	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VGB MEEK, DUANE C ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAS, RICHARD A 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	SVPD THRESHER, MARK R 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	AVPS SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERNDT, GARY ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berndt, E. Gary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLLMAN, JOSEPH M ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mollman, Hermann H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-15-04 (614) 249-7111 Date Daytime Phone #		

Glenn W. Soden, Associate Vice President & Assistant Secretary