

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91596 016 \*\*\*\*50.00

**DOCUMENT # M00000000462**

1. Entity Name

**NATIONWIDE EXCLUSIVE DISTRIBUTION COMPANY, LLC** ✓

Principal Place of Business

**ONE NATIONWIDE PLAZA  
 COLUMBUS OH 43215**

Mailing Address

**ONE NATIONWIDE PLAZA  
 COLUMBUS OH 43215**

**39904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1684339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C BARNES, GALEN ONE NATIONWIDE PLAZA COLUMBUS OH 43215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO CRUMRINE, THOMAS L ONE NATIONWIDE PLAZA COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DIETRICH, THOMAS ONE NATIONWIDE PLAZA COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JAHN, DAVID ONE NATIONWIDE PLAZA COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBINETTE, DOUGLAS ONE NATIONWIDE PLAZA COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WAGGONER, RICHARD ONE NATIONWIDE PLAZA COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Galen R. Barnes - VC One Nationwide Plaza Columbus, OH 43215</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William S. Ramsden - PCOO One Nationwide Plaza Columbus, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Galen R. Barnes - MGR One Nationwide Plaza Columbus, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David K. Hollingsworth - MGR One Nationwide Plaza Columbus, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael D. Miller - MGR One Nationwide Plaza Columbus, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*John DelaLoye*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7/18/02 614-249-3270**

CR2E083 (4/02)

Attachment  
39904

One Nationwide Plaza, 1-29-32  
Columbus, OH 43215

M000000000962

Nationwide Exclusive Distribution Co., LLC

July 23, 2002

Division of Corporations  
Registration Section  
P.O. Box 6478  
Tallahassee, FL 32314

Dear Sir or Madam:

We received your request for information in block 4 and in the registered agent block on the 2002 Uniform Business Report. I am resubmitting the form with your requests completed. Please note that you have already received the payment. If you need additional information or if you have questions please feel free to contact me at 614-249-1237

Sincerely,



Julia Heiberger  
Administrator in the Office of Agency Sales

[Click here and type slogan]