


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-11-2004 90213 010 ****50.00

DOCUMENT # M00000000462 1. Entity Name NATIONWIDE INSURANCE SALES COMPANY, LLC					
Principal Place of Business 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 Roger Craig, 1-35-16 City & State			
City & State		City & State		4. FEI Number 31-1684339	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO HOLLINGSWORTH, DAVID K ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVGC HATLER, PATRICIA R ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ROSHOLT, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BARNES, THOMAS E ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TODRYK, ALAN A ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> Delete			
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: <i>David K Hollingsworth</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 01-15-04		Daytime Phone # (614) 249-7111
David K. Hollingsworth, Manager					