

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90348 025 ****50.00

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01042005 Chg-LLC CR2E083 (10/03)

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 ROGER CRAIG, 1-35-16 COLUMBUS, OH 43215		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete	TITLE	PCOO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINGSWORTH, DAVID K		NAME	R. LEE MORTON	
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP	COLUMBUS, OH 43215	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVGC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATLER, PATRICIA R		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSHOLT, ROBERT A		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, THOMAS E		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODRYK, ALAN A		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	AVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODEN, GLENN W		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
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: <u>GLENN W. SODEN</u> AVP-SEC					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 3-9-2005 Daytime Phone # 614.249.7111	