**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P09895**

**COLUMBUS OH** 

CITY-ST-ZIP

SIGNATURE:/

1. Corporation Name

NATIONWIDE RETIREMENT SOLUTIONS, INC.

|   |  |  |                    |  | <del></del>                       |   | DINII UINII INDI        |                            |
|---|--|--|--------------------|--|-----------------------------------|---|-------------------------|----------------------------|
| Principal Place                           | of Business  | Mailing Address  |                    |  |                                   |   |                         |                            |
| ONE NATIONWIDE PLAZA<br>COLUMBUS OH 43215 |  | PUBLIC EMPLOYEES BENEFIT SERVICES CORP<br>ONE NATIONWIDE PLAZA. 1-13-G1<br>COLUMBUS OH 43215 |                    | DO NOT WRITE IN THIS SPACE                                 |                                   |   |                         |                            |
|   |  | US   |                    |  |                                   | 3. Date Incorporated or Qualifed 04/23/1986   |                         |                            |
| 2. Principal Pl                           | ace of Business  | 2a. Mailing Address  |                    |  |                                   | 4. FEI Number   | A                       | pplied For                 |
| 21  |  | 26   |                    |  |                                   | 73-0948330  |                         | lot Applicable             |
| Suite, Apt.                               | #, etc.  | Suite, Apt. #, etc.  |                    |  |                                   | 5. Certifcate of Status Desired   |                         | Additional                 |
| 22  |  | 27   |                    |  |                                   |   |                         | Required                   |
| City & State                              | в .  | City & State   |                    |  |                                   | 6. Election Campaign Financing  |                         | May Be<br>I to Fees        |
| 23  | Country  | Zip Country  |                    |  |                                   | Trust Fund Contribution   |                         | to rees                    |
| Zíp                                       | Country  | <b>├</b> ¬ '   |                    | iti y  |                                   | This corporation owes the current year Intar Personal Property Tax.   | igible<br>∐Yes          | ~ [X]No                    |
| 24  | 9. Name and Address of Current   | t Peristered Agent   | 30                 |  |                                   | 10. Name and Address of New Registered A  |                         |                            |
|   | 3. Italia and Addiess of Content   | , registered rigent  |                    | 81   | Name                              |   | <u> </u>                |                            |
| CT CORPORATION SYSTEM                     |  |  |                    | 200 Court Advance (D.O. Branch Laboratoria No. Accordable) |                                   |   |                         |                            |
| 1200                                      | S. PINE ISLAND ROAD  |  | 82 Street Add      |  |                                   | ddress (P.O. Box Number is Not Acceptable)  |                         |                            |
| PLAN                                      | ITATION FL 33324   |  | ţ                  | 83   |                                   |   |                         |                            |
|   |  |  |                    | 84   | City                              |   | 85 Zip                  | Code                       |
|   |  |  |                    |  |                                   | FL  |                         |                            |
| office or n                               | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat | of Florida. Such change was a  | urthorized         | hv:  | the comor                         | orporation submits this statement for the purpose of c<br>ation's board of directors. I hereby accept the appoint | nanging it<br>ment as r | ts registered<br>egistered |
| SIGNATURE                                 | Signature, typed or printed name of registered agen  |  |                    |  |                                   | DATE  |                         |                            |
| 12.                                       | D DIRECTORS  | E: Registered Agent signature require<br>13.   |                    | t signature req  | ADDITIONS/CHANGES TO OFFICERS AND | DIRECT  | ORS IN 12               |                            |
| TITLE                                     | P DELETE   |  | 1.1 TIT            | LE   |                                   |   | Change                  |                            |
| NAME                                      | DUANE C. MEEK  |  | 1.2 NA             | ME   | 1                                 |   |                         |                            |
| STREET ADDRESS                            | THE MANDENING BUATA  |  | 1.3 ST             | REET   | ADDRESS                           |   |                         |                            |
| CITY-ST-ZIP                               | COLUMBUS OH  |  |                    | 1.4 CITY+ST-ZIP  |                                   | •   |                         |                            |
| TITLE                                     | V 🖺 DELETE   |  | 2.1 TIT            |  |                                   |   | K Change                | Addition                   |
| NAME                                      | CLICK, DENNIS  |  | 2.2 NAME           |  |                                   | Druen, W. Sidney  |                         | i                          |
| STREET ADDRESS                            | ALIE 11470ALBURGE DI 174   |  | 2.3 STRE           |  | ADDRESS                           | One Nationwide Plaza  |                         | I                          |
| CITY-ST-ZIP COLUMBUS OH                   |  |  | 2, 4 CITY          |  | T-ZIP                             | Columbus OH   |                         |                            |
| TITLE .                                   | VT X DELETE  |  | ,3.1 TITL          |  |                                   |   | K Change                | . Addition                 |
| NAME                                      | CLINE, ROBERT O  |  | 3.2 NAME           |  | }                                 | Thresher, Mark  |                         |                            |
| STREET ADDRESS                            | ess One nationwide plaza   |  | 3.3 STREET ADDRESS |  | ADDRESS                           | One Nationwide Plaza  |                         |                            |
| CITY-ST-ZIP                               | COLUMBUS OH  |  | 3.4. CITY-ST-ZIF   |  | T- ZIP                            | Columbus OHio   |                         |                            |
| TITLE                                     | S □ DELETE   |  | 4,1 TIT            | 4,1 TITLE  |                                   |   | Change                  | Addition                   |
| NAME                                      | KOOGLER, MARK B.   |  | 4, 2 N             | ME   |                                   |   |                         |                            |
| STREET ADDRESS                            |  |  | 4,3 ST             | 4.3 STREET ADDRESS   |                                   |   |                         |                            |
| CITY-ST-ZIP                               | COLUMBUS OH  |  | 4,4 CП             | 4.4 CITY-ST-ZIP  |                                   |   |                         |                            |
| TITLE                                     | D  | X) DELETE  | 5.1 TIT            | LE.  |                                   | D .   | X Change                | Addition                   |
| NAME (                                    | GALLOWAY, HARVEY S., JR  |  | 5.2 NA             | ME   | 1                                 | Gath, Phillip   |                         |                            |
| STREET ADDRESS                            | ONE NATIONWIDE PLAZA   |  | 5.3 ST             | REET   | ADDRESS                           | One Nationwide Plaza  |                         |                            |
| CITY-ST-ZIP                               | COLUMBUS OH  |  | 5,4 CIT            |  | r-zip                             | Columbus OH   |                         |                            |
| TITLE                                     | 0  | ☐ DELETE   | 6.1 TIT            | LE   |                                   |   | Change                  | d ☐ Addition               |
| NAME                                      | KARAS, RICHARD A.  |  | 6.2 NA             | ME   |                                   |   |                         |                            |
| STREET ADDRESS                            | ONE NATIONWIDE PLAZA   | •  | 6.3 ST             | REET   | ADDRESS                           |   |                         |                            |

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered. Gary Berndt Ass't. Treasurer

6.4 CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

(614) 249-2572

Daytime Phone #

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90035 022 \*\*\*150.00

237945-90835-22 P09895

## NATIONWIDE RETIREMENT SOLUTIONS, INC. Attachment to Florida Corporation Annual Report

**ADDRESS** TITLE NAME Gary Berndt One Nationwide Plaza Ass't. Treasurer Columbus, Ohio 43215-2220 Dimon R. McFerson One Nationwide Plaza Director Columbus, Ohio 43215-2220 Susan A. Wolken One Nationwide Plaza Director Columbus, Ohio 43215-2220 209 S. High St. Suite 510-511 Director Clenzo B. Fox Columbus, Ohio 43215