FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State **DOCUMENT #** P09895 1. Entity Name 4-29-2002 90038 012 ***150 NATIONWIDE RETIREMENT SOLUTIONS, INC. Mailing Address Principal Place of Business ONE NATIONWIDE PLAZA PUBLIC EMPLOYEES BENEFIT SERVICES CORP **COLUMBUS OH 43215** ONE NATIONWIDE PLAZA, 1-13-G1 COLUMBUS OH 43215 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 73-0948330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition DUANE C. MEEK NAME NAME TWO NATIONWIDE PLAZA STREET ADDRESS STREET ADDRESS COLUMBUS OH CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME OAKLEY, ROBERT A STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43215-2220 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THRESHER, MARK NAME STREET ADDRESS STREET ADDRESS ONE NATIONWIDE PLAZA CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SODEN, GLENN W NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215-2220 CITY-ST-ZIP ☐ Change XX Addition Director TITLE XXDelete D TITLE Richard A. Karas NAME GATH, PHILLIP NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS One Nationwide Plaza CITY-ST-ZIP **COLUMBUS OH** CITY-\$T-ZIP Columbus, Ohio 43215-2220 TITLE AT Delete TITI F ☐ Change ☐ Addition NAME BERNDT, GARY NAME ONE NATIONWIDE PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215-2220 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachmept with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Berndt-Assistant Treasurer

04/11/02

Date

(614) 249-7001

Daytime Phone #