2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 23, 2005 8:00 am Secretary of State **DOCUMENT # P09895** 05-23-2005 90006 003 ***150.00 NATIONWIDE RETIREMENT SOLUTIONS, INC. Mailing Address Principal Place of Business ONE NATIONWIDE PLAZA PUBLIC EMPLOYEES BENEFIT SERVICES CORP ONE NATIONWIDE PLAZA, 1-13-G1 COLUMBUS, OH 43215 COLUMBUS, OH 43215 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 CR2E034 (10/03) Chg-P 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change XX Addition TITLE XX Delete P TITLE President NAME DUANE C. MEEK NAME Matthew A. Riebel STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS One Nationwide Plaza Columbus, OH 43215-2220 CITY-ST-ZIP COLUMBUS, OH 432152220 CITY-ST-ZIP SVPD TITLE XX Delete ☐ Change XX Addition TITLE SVP/Treas/Dir THRESHER, MARK NAME NAME M. Eileen Kennedy STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS One Nationwide Plaza CITY-ST-ZIP COLUMBUS, OH CITY-ST-ZIP Columbus, OH 43215-2220 **AVAS** ☐ Defete TITLE ☐ Change ☐ Addition TOLE. SODEN, GLENN W NAME NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS COLUMBUS, OH 432152220 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KARAS, RICHARD A NAME NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS CITY-ST-7IP COLUMBUS, OH CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE AT NAME BERNDT, GARY NAME ONE NATIONWIDE PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 432152220 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

Gary Berndt-Assistant Treas. 05/12/05 (614) 249-7001 SIGNATURE: D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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 10 or Block 11 if

h an address, with all other like empowered.

changed, or on an attachment