


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90359 006 ***150.00

DOCUMENT # P09895 1. Entity Name NATIONWIDE RETIREMENT SOLUTIONS, INC.					
Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS, OH 43215			Mailing Address PUBLIC EMPLOYEES BENEFIT SERVICES CORP ONE NATIONWIDE PLAZA, 1-13-G1 COLUMBUS, OH 43215 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 73-0948330	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEBEL, MATTHEW N ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KENNEDY, M. EILEEN ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Robert A. Rosholt One Nationwide Plaza Columbus, Ohio 43215-2220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAS, RICHARD A ONE NATIONWIDE PLAZA COLUMBUS, OH	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duane C. Meek One Nationwide Plaza Columbus, Ohio 43215-2220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERNDT, GARY ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gary Berndt</i> Gary Berndt-Assistant Treas. 04/21/06 (614) 249-7001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Nationwide Retirement Solutions

ATTACHMENT

40073657
P09895

April 21, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

Enclosed is the Annual Report Filing Form for Nationwide Retirement Solutions, Inc.

Please acknowledge receipt of the above by signing the attached copy of this letter and returning it to us in the enclosed, self-addressed, stamped envelope.

Glenn Weimar
Director of Accounting

GW: ak

Enc.

Acknowledgement