2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P09895 1. Entity Name NATIONWIDE RETIREMENT SOLUTIONS, INC.



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

05-01-2006 90359 006 ***150.00

Public Place of Business Public Enter OYES SRUETT SERVICES CORP ONE MATIONWIDE PLZA, 1.13-61 COLUMBUS, OH 43215 US Public Enter OYES SRUETT SERVICES CORP ONE MATIONWIDE PLZA, 1.13-61 COLUMBUS, OH 43215 US Public Enter OYES Struet	NATIONWIDE RETIREIVIENT SOLUTIONS, INC.								
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Type Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006	Chg-P CR2E	034 (11/05)		
S. Certificate of Status Desired Fee Required F	City & State		City & State					·	
Name Street Andress (P.O. Box Number is Not Acceptable)	Žip	Country	Zip	Country	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Registered	Agent		
Sircer Address (P.O. Box Number is Not Acceptable) City	07.0000		Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	1200 S. PINE ISLAND ROAD		Street Address		ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Signature Signat				City	:	F	Zip Cod	le	
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required 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.

Gary Berndt-Assistant Treas.

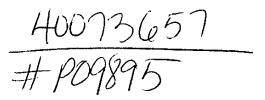
04/21/06

(614) 249-7001

Daytime Phone #



Nationwide Retirement Solutions ATTACHMENT



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