

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17895 (4)

1. Corporation Name
FINANCIAL HORIZONS SECURITIES CORPORATION

Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS OH 3215-2220 US	Mailing Address ONE NATIONWIDE PLAZA 1-13-G1 COLUMBUS OH 43215-2220 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/04/1988	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 43215-2220	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 43215-2220	4. FEI Number 73-1303144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MURPHY, TIMOTHY E.	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE NATIONWIDE PLAZA	CITY- ST- ZIP COLUMBUS OH	1.2 NAME Duane C. Meek	
TITLE VS	NAME MCCUTCHAN, GORDON E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE NATIONWIDE PLAZA	CITY- ST- ZIP COLUMBUS OH	2.2 NAME	
TITLE V	NAME ABBOTT, DEBORAH E.	2.3 STREET ADDRESS	
STREET ADDRESS ONE NATIONWIDE PLAZA	CITY- ST- ZIP COLUMBUS OH	2.4 CITY- ST- ZIP	
TITLE VT	NAME CIMENERO, JOSEPH F.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE NATIONWIDE PLAZA	CITY- ST- ZIP COLUMBUS OH	3.2 NAME	
TITLE V	NAME LAVENDER, WILLIAM J.	3.3 STREET ADDRESS	
STREET ADDRESS ONE NATIONWIDE PLAZA	CITY- ST- ZIP COLUMBUS OH	3.4 CITY- ST- ZIP	
TITLE V	NAME MASSEY, S. NICK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE NATIONWIDE PLAZA	CITY- ST- ZIP COLUMBUS OH	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 changed, or on an attachment with an address.

SIGNATURE: Joseph F. Cimenero 4/26/95 614-249-5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)
Joseph F. Cimenero/VP-Treasurer