

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

• PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P17895 (4)**

1. Corporation Name

**FINANCIAL HORIZONS SECURITIES CORPORATION**



Principal Place of Business

**ONE NATIONWIDE PLAZA  
COLUMBUS OH 43215-2220  
US**

Mailing Address

**ONE NATIONWIDE PLAZA  
1-13-G1  
COLUMBUS OH 43215-2220  
US**

3. Date Incorporated or Qualified

**02/04/1988**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**73-1303144**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**200001810482  
-05/07/96--01022--018**

84 City

**\*\*\*200.00**

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature typed or printed name of registered agent or director or officer

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEEK, DUANE C.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCCUTCHAN, GORDON E.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ABBOTT, DEBORAH E.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CIMENERO, JOSEPH F.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAVENDER, WILLIAM J.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASSEY, S. NICK	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY- ST- ZIP	COLUMBUS OH	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Timothy Murphy	
1.3 STREET ADDRESS	One Nationwide Plaza	
1.4 CITY- ST- ZIP	Columbus OH	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ronald W. Benedick	
3.3 STREET ADDRESS	One Nationwide Plaza	
3.4 CITY- ST- ZIP	Columbus OH	
4.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert O. Cline	
4.3 STREET ADDRESS	One Nationwide Plaza	
4.4 CITY- ST- ZIP	Columbus OH	
5.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Edward W. Pell	
5.3 STREET ADDRESS	One Nationwide Plaza	
5.4 CITY- ST- ZIP	Columbus OH	
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 119.07(3)(k), 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:

*Robert O. Cline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert O. Cline/VP-Treasurer**

4/23/96

614-249-584

CR2E034 (12/95)