SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38402** **(4)**

1. Corporation Name
MEEDER ADVISORY SERVICES, INC.

Principal Place of Business	Mailing Address
6000 MEMORIAL DR PO BOX 7177 DUBLIN OH 43017	6000 MEMORIAL DR PO BOX 7177 DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 31-1332744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MEEDER, DONALD F.
~~16300 PORT DICKENSON DR~~
~~JUPITER FL 33477~~
308 Tequesta Dr.
Tequesta, FL 33469

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	MEEDER, ROBERT S. SR.	1.2 NAME	Meeder, Robert s. Sr.	
STREET ADDRESS	16300 PORT DICKENSON DR	1.3 STREET ADDRESS	308 Tequesta Dr.	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Tequesta, Fl 33469	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	MEEDER, DONALD F.	2.2 NAME		
STREET ADDRESS	5768 LOCH MAREE CT. N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEDER, ROBERT S. J	3.2 NAME		
STREET ADDRESS	2396 MIDDLESEX RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	VOELKER, PHILIP A	4.2 NAME		
STREET ADDRESS	6000 MEMORIAL DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, ROBERT D	5.2 NAME		
STREET ADDRESS	323 LONGBRANCH DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP		
TITLE	COO	6.1 TITLE		☐ Change ☐ Addition
NAME	HOAG, WESLEY F	6.2 NAME		
STREET ADDRESS	2057 UPPER CHELSEA RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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: [signature] President 7-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181330 FN