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PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **04/14/1992**
3a. Date of Last Report: **07/12/1995**
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MEEDER, DONALD F.
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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEEDER, ROBERT S. SR. 308 TEQUESTA DR TEQUESTA FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEEDER, DONALD F. 5766 LOCH MAREE CT. N. DUBLIN OH	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEDER, ROBERT S. J 2396 MIDDLESEX RD COLUMBUS OH	☐ DELETE	3.1 TITLE: C 3.2 NAME: MEEDER, ROBERT S. J 3.3 STREET ADDRESS: 2396 MIDDLESEX RD 3.4 CITY-ST-ZIP: COLUMBUS OH 43221	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOELKER, PHILIP A 6000 MEMORIAL DR DUBLIN OH	☐ DELETE	4.1 TITLE: V 4.2 NAME: VOELKER, PHILIP A 4.3 STREET ADDRESS: 8425 GREENSIDE DR 4.4 CITY-ST-ZIP: DUBLIN OH 43017	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, ROBERT D 323 LONGBRANCH DR DUBLIN OH	☐ DELETE	5.1 TITLE: P 5.2 NAME: BAKER, ROBERT D 5.3 STREET ADDRESS: 8702 HAWICK CT N 5.4 CITY-ST-ZIP: DUBLIN OH 43017	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HOAG, WESLEY F 2057 UPPER CHELSEA RD COLUMBUS OH	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Donald F Meeder DONALD F MEEDER 1-18-96 614-766-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)