FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPOBATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🧍

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38402

(4)

MEEDER ADVISORY SERVICES, INC.

FILED									
Feb	12	1997	8:00am						
Se	ecre	tary c	of State						

Principal D	lage of Business	Mailing Address					
Principal Place of Business		6000 MEMORIAL DR					
6000 MEMORIAL DR PO BOX 7177		PO BOX 7177					
DUBLIN OH	43017	DUBLIN OH 43017-0777			3. Date Incorporated or Qualified	3a. Date of Last F	Report
					04/14/1992	02/07/1996	iopon.
2. Principa	I Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			31-1332744	N	ot Applicable
	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	2-1-	City & State					Required
City & S	Maio	28			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Country	······································	8. This corporation has liability for		
24	25	29	30		Florida Statutes	☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent		····	10. Name and Address of New Ro		
	ieeder, donald f.		61	Rab	ert S. MEEDER Sr.	,	
1	08 TEQUESTA DR		82	Street /	Address (P.O. Box Number is Not Accepta	ble)	
1	EQUESTA FL 33469	•	83		4 6 15 00		
				18	H Golfview Dr.		
-			84	City	QUESTA	FL 85 Zip	30%9
11. Pursua	ant to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	lutes, the abov	hamen.a	corporation submits this statement for the	nurnose of channing	its registered
office agent.	or registered agent, or both, in the Stal I am [amiliar with, and accept the obli	te of Florida. Such change wa gations of, <u>Sec</u> tion 607.0505,	s authorized b Florida Statute	y the corp s.	poration's board of directors. I hereby acce	pt the appointment a	s registered
SIGNATUR	I C V . JL C ALL	alu Ju.			Z-7	-91	
	Signature, typed or printed name of registered a		OTE: Registered Age	ent signature	required when reinstalling) ADDITIONS/CHANGES TO OFFI	DATE	DC IAI 42
12.	DV OFFICERS A	NO DIRECTORS DELETE	1,1 TOLE		ADDITIONS/CHANGES TO OFFI	Change	
NAME	MEEDER, ROBERT S. SR.	•	1.2 NAME	İ		_	_
STREET ADDRE	AAA STALIFATA DA		1.3 STREET	ADDRESS	ISY TEQUESTA P	iR .	
CiTY-ST-ZIP	TEQUESTA FL		1.4 C(TY-5	ST-ZIP	184 TEQUESTA PL TEQUESTA FL	33469	
TITLE	ST	☐ DELETE	2.1 TIFLE			Change	Addition
NAME	MEEDER, DONALD F.		2.2 NAME		!		
STREET ADDRE	STREET ADDRESS 5766 LOCH MAREE CT. N.		2.3 STREE	r address			
CITY-S1-ZIP	DUBLIN OH	DELETE	2.4 CITY-	ST-ZIP		Change	☐ Addition
TITLE	C MEEDER, ROBERT S. J	L] DELETE	3.1 TITLE 3.2 NÁME			TT ciralife	☐ Mudillon
NAME STREET ADDRE	ARAG LUDDI PARVI DO			T ADDRESS			
CITY-SI-ZIP	COLUMBUS OH		3.4. CITY+	1			
TITLE	V	DELETE	4.1 TITLE	<u> </u>		Change	☐ Addition
NAME	VOELKER, PHILIP A		4. 2 NAME	-			
STREET ADDRE			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	DUBLIN OH		4.4 CITY -	ST - ZIP			
TITLE	P	DELETE	5.1 TITLE			Change	Addition
NAME	BAKER, ROBERT D	• •	5.2 NAME				
STREET ADORE	• · · - · · · · · · · · · · · · · ·	Н	5.3 STREE	T ADDRESS			
CITY-ST-ZIP	DUBLIN OH	p. p., m. m.	5.4 CITY-	ST-ZIP		T AL	1 4339
TITLE	COO	☐ DELETE	6.1 TITLE			L Change	Addition
NAME	HOAG, WESLEY F		62 NAME		1		
STREET ADDRE	************			T ADDRESS			

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

CITY-ST-ZIP

COLUMBUS OH

MATURE AND TYPED OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

1/21/97 614-766-10