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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

6000 MEMORIAL DR  
PO BOX 7177  
DUBLIN OH 43017

Mailing Address

6000 MEMORIAL DR  
PO BOX 7177  
DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MEEDER, ROBERT S SR  
184 GOLFVIEW 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME MEEDER, ROBERT S. SR.  
STREET ADDRESS 184 TEQUESTADR  
CITY-ST-ZIP TEQUESTA FL

TITLE ST ☐ DELETE

NAME MEEDER, DONALD F.  
STREET ADDRESS 5766 LOCH MAREE CT. N.  
CITY-ST-ZIP DUBLIN OH

TITLE C ☐ DELETE

NAME MEEDER, ROBERT S. J  
STREET ADDRESS 2396 MIDDLESEX RD  
CITY-ST-ZIP COLUMBUS OH

TITLE V ☐ DELETE

NAME VOELKER, PHILIP A  
STREET ADDRESS 8425 GREENSIDE DR  
CITY-ST-ZIP DUBLIN OH

TITLE P ☐ DELETE

NAME BAKER, ROBERT D  
STREET ADDRESS 8702 HAWICK COURT NORTH  
CITY-ST-ZIP DUBLIN OH

TITLE CDO ☐ DELETE

NAME HOAG, WESLEY F  
STREET ADDRESS 2057 UPPER CHELSEA RD  
CITY-ST-ZIP COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE

Robert S. Meeder

4/14/98 614-766-7000

CR2E034 (10/97)