

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90170 025 ***150.00

DOCUMENT # P38402

1. Entity 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 43017-0777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1332744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLLETT, CYLESTE
4440 PGA BLVD.
#402
PALM BEACH GARDENS FL 33410

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MEEDER, ROBERT S SR.**
STREET ADDRESS **184 GULFVIEW DRIVE**
CITY-ST-ZIP **TEQUESTA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MEEDER, DONALD F.**
STREET ADDRESS **5766 LOCH MAREE CT. N.**
CITY-ST-ZIP **DUBLIN OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MEEDER, ROBERT S. JR.**
STREET ADDRESS **4421 SAWMILL ROAD**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **VOELKER, PHILIP A**
STREET ADDRESS **8425 GREENSIDE DR**
CITY-ST-ZIP **DUBLIN OH**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1190 BriHany lane**
CITY-ST-ZIP **Columbus, OH 43220**

TITLE **COO** ☐ Delete
NAME **LINE, THOMAS E**
STREET ADDRESS **2615 WEXFORD ROAD**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HOAG, WESLEY F**
STREET ADDRESS **2057 UPPER CHELSEA RD**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P38402

Attachment
100050926

Attachment for Block 12

T
Ronald C. Paul
10437 N. Crosset Hill
Pickerington, OH 43147