

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90194 040 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1332744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MEEDER, ROBERT S SR.**
STREET ADDRESS **425 BEACH RD**
CITY-ST-ZIP **TEQUESTA FL 33469**

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

TITLE ☒ Change ☐ Addition
NAME **COO**
STREET ADDRESS **Rose, David M**
CITY-ST-ZIP **7776 Northwind Court**
Columbus, OH 43235

TITLE **VS** ☐ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Paul, Ronald C**
CITY-ST-ZIP **10437 N. Croset Hill**
Pickerington, OH 43147

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V-PRM**
STREET ADDRESS **Zarr, Joseph A.**
CITY-ST-ZIP **6343 Lennon Ct.**
Columbus, OH 43213

12. 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 10 or Block 11 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 #

3-17-03

(614) 766-7000

CR2E034 (10/02)

Attachment

P38402

Meeder Advisory Services
Continuation of Block 11

Addition

Title: AS
Name: Meeder, Donald F
Address: 5766 Loch Maree Ct N
CSZ: Dublin, OH 43017
