RALPH MOL	State of Rhode Island and Provide Office of the Secretary of	
secretary of St	Corporations Division 148 W. River Street Providence, Rhode Island 029 Telephone: (401) 222-30	004-2615
Limited Liability Annual Report	y Company omber 1 - November 1	
In accordance with file its annual report	R.I.G.L. 7-16-66(d), each limited liability company is within thirty (30) days after the time prescribed by bject to a penalty fee of \$25.00.	
ANNUAL REPORT	YEAR: <u>2008</u>	
1. ID No. <u>000</u>	186561	
2. Exact Name o	f the Limited Liability Company Nationwide Fu	und Distributors LLC
3. State of Forma	ation	
State: <u>DE</u> 4. Brief Description	on of the Character of the Business Which is A	ctually Conducted in Rhode Island
4. Brief Description	limited purpose Broker Dealer.	ctually Conducted in Rhode Island
<ol> <li>Brief Description</li> <li>The company is a</li> <li>Principal Office</li> </ol>	limited purpose Broker Dealer.	ctually Conducted in Rhode Island
4. Brief Description	limited purpose Broker Dealer.	ctually Conducted in Rhode Island Zip: <u>19428</u> Country: <u>USA</u>
<ul> <li>4. Brief Description</li> <li><u>The company is a</u></li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact Name</li></ul>	limited purpose Broker Dealer.         Address         1200 RIVER RD.         CONSHOHOCKEN       State: PA         iss of Limited Liability Company and Name or T         contact Title:         1200 RIVER RD.         CONSHOHOCKEN         State: PA	Zip: 19428       Country: USA         Title of Contact Person:         Zip: 19428       Country: USA
<ul> <li>4. Brief Description</li> <li><u>The company is a</u></li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact Name</li></ul>	limited purpose Broker Dealer.         Address         1200 RIVER RD.         CONSHOHOCKEN       State: PA         is of Limited Liability Company and Name or T         contact Title:         1200 RIVER RD.         CONSHOHOCKEN         State: PA         inted Liability Company and Name or T         CONSHOHOCKEN         State: PA         inted Liability Company and Name or T         CONSHOHOCKEN         State: PA         integer of the Limited Liability Company	Zip: 19428       Country: USA         Title of Contact Person:         Zip: 19428       Country: USA
<ul> <li>4. Brief Description</li> <li><u>The company is a</u></li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: C</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Add</li> </ul>	limited purpose Broker Dealer.         Address         1200 RIVER RD. CONSHOHOCKEN       State: PA         State: DA         State: Table         Contact Title:         1200 RIVER RD. CONSHOHOCKEN         State: PA         State: PA         Paress of Each Manager of the Limited Liability of MEMBERS         Individual Name	Zip: 19428       Country: USA         Title of Contact Person:         Zip: 19428       Country: USA         Zip: 19428       Country: USA         Company, if Applicable.         Address
<ul> <li>4. Brief Description</li> <li>The company is a</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact Name:</li></ul>	limited purpose Broker Dealer.         Address         1200 RIVER RD. CONSHOHOCKEN       State: PA         State: DA         State: Table         CONSHOHOCKEN         State: Table         CONSHOHOCKEN         State: Table         CONSHOHOCKEN         State: DA         CONSHOHOCKEN         State: PA         CONSHOHOCKEN         State: PA         Paress of Each Manager of the Limited Liability OMEMBERS         Individual Name	Zip: 19428       Country: USA         "itle of Contact Person:         Zip: 19428       Country: USA         Zip: 19428       Country: USA         Company, if Applicable.         Address         ddress, City or Town, State, Zip Code, Country         1200 RIVER RD.
<ul> <li>4. Brief Description</li> <li>The company is a</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact Name: Contact Name: Contact Name:</li> <li>Contact Name: Contact Name: Conta</li></ul>	limited purpose Broker Dealer.         a Address         1200 RIVER RD. CONSHOHOCKEN       State: PA         as of Limited Liability Company and Name or T         contact Title:       1200 RIVER RD. CONSHOHOCKEN         State: PA         ress of Each Manager of the Limited Liability Company         Individual Name         First, Middle, Last, Suffix	Zip: 19428       Country: USA         "itle of Contact Person:         Zip: 19428       Country: USA         Zip: 19428       Country: USA         Company, if Applicable.         Address         ddress, City or Town, State, Zip Code, Country

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 3 Day of October, 2008 at 8:53:53 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By ANNE MEYER

Signature of Authorized Person

Form No. 632 Revised 09/07

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