

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90066 015 ***150.00

DOCUMENT # F00000004715

1. Entity Name

TRANSAMERICA DISTRIBUTION FINANCE INSURANCE SERV

Principal Place of Business

5595 TRILLIUM BLVD.
 HOFFMAN ESTATES IL 60192

Mailing Address

5595 TRILLIUM BLVD.
 HOFFMAN ESTATES IL 60192

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

36-4366933

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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 **PD** ☒ Delete
 NAME **SCHOEDINGER, JAMES L**
 STREET ADDRESS **5595 TRILLIUM BLVD.**
 CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

TITLE **President/Director** ☐ Change ☒ Addition
 NAME **Steven J. Toeniskoetter**
 STREET ADDRESS **5595 Trillium Blvd.**
 CITY-ST-ZIP **Hoffman Estates, IL 60192**

TITLE **VCFO** ☐ Delete
 NAME **PERRELLI, ROSS**
 STREET ADDRESS **5595 TRILLIUM BLVD.**
 CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

TITLE **Exec. Vice Pres. SCFO/Director** ☒ Change ☐ Addition
 NAME **R. Scott Barber**
 STREET ADDRESS **5595 Trillium Blvd.**
 CITY-ST-ZIP **Hoffman Estates, IL 60192**

TITLE **V** ☒ Delete
 NAME **DODSON, JOHN**
 STREET ADDRESS **5595 TRILLIUM BLVD.**
 CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

TITLE **Exec. Vice Pres/Director** ☐ Change ☒ Addition
 NAME **R. Scott Barber**
 STREET ADDRESS **5595 Trillium Blvd.**
 CITY-ST-ZIP **Hoffman Estates, IL 60192**

TITLE **V** ☐ Delete
 NAME **MORPHEY, JAMES**
 STREET ADDRESS **5595 TRILLIUM BLVD.**
 CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

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

TITLE **S** ☐ Delete
 NAME **TRAMPE, JEANNE**
 STREET ADDRESS **5595 TRILLIUM BLVD.**
 CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **Richard A. Rosenthal**
 STREET ADDRESS **5595 Trillium Blvd.**
 CITY-ST-ZIP **Hoffman Estates IL 60192**

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 #

4/11/01 (847) 747-6800

CR2E034 (10/00)

EXC # +0000004715-60049386
TRANSAMERICA DISTRIBUTION FINANCE INSURANCE SERVICES, INC.

NAME	OFFICE	BUSINESS ADDRESS
TOENISKOETTER, Steven J.	President	5595 Trillium Boulevard, Hoffman Estates, IL 60192
BARBER, R. Scott	Executive Vice President	5595 Trillium Boulevard, Hoffman Estates, IL 60192
PERRELLI, Rosario A.	Executive Vice President and Chief Financial Officer	5595 Trillium Boulevard, Hoffman Estates, IL 60192
MOHR, John J.	Senior Vice President - Tax	5595 Trillium Boulevard, Hoffman Estates, IL 60192
MORPHEY, James A.	Vice President	553 Benson Road, Benton Harbor, MI 49022
TRAMPE, Jeanne M.	Secretary	5595 Trillium Boulevard, Hoffman Estates, IL 60192
ROSENTHAL, Richard A.	Assistant Secretary	5595 Trillium Boulevard, Hoffman Estates, IL 60192
VACANT	Treasurer's duties and responsibilities are performed by the Executive Vice President and Chief Financial Officer	

DIRECTORS
BARBER, R. Scott
PERRELLI, Rosario A.
TOENISKOETTER, Steven J.

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