

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90317 034 \*\*\*150.00

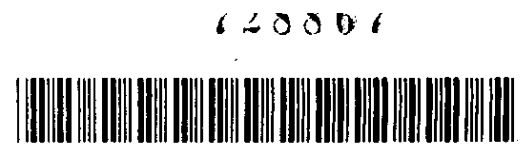
NR13447 AT

**DOCUMENT # F00000005353**  
 1. Entity Name  
**TRANSAMERICA CORPORATION**

Principal Place of Business      Mailing Address  
**600 MONTGOMERY STREET**      **600 MONTGOMERY STREET**  
**SAN FRANCISCO CA 94111**      **SAN FRANCISCO CA 94111**

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      Applied For  
**98-6021219**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BEARDSWORTH, JAMES A</b> <b>4333 EDGEWOOD ROAD, NE</b> <b>CEDAR RAPIDS IA 52499</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HEINRICH, DANIEL J</b> <b>600 MONTGOMERY STREET</b> <b>SAN FRANCISCO CA 94111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>KANE, GAIL M</b> <b>600 MONTGOMERY STREET</b> <b>SAN FRANCISCO CA 94111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MODZELEWSKI, KATHLEEN M</b> <b>4333 EDGEWOOD ROAD, NE</b> <b>CEDAR RAPIDS IA 52499</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MYERS, ROBERT D</b> <b>600 MONTGOMERY STREET</b> <b>SAN FRANCISCO CA 94111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SUNDBY, GEORGE B</b> <b>600 MONTGOMERY STREET</b> <b>SAN FRANCISCO CA 94111</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED SCHEDULE FOR CURRENT LIST OF OFFICERS AND DIRECTORS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Craig D. Vermie*      **Craig D. Vermie, Secretary**      01/16/02      319/398-8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

728867

**Directors**

Patrick S. Baird  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Brenda K. Clancy  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Craig D. Vermie  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

**Officers**

Patrick S. Baird  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Chairman, President and Chief Executive Officer

James A. Beardsworth  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Vice President and Controller

Kathleen M. Modzelewski  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Vice President and Director of Taxes

Brenda K. Clancy  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Vice President and Treasurer

Arthur Schneider  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499

Vice President

Craig D. Vermie  
4333 Edgewood Road NE  
Cedar Rapids, IA 52249

Vice President and Secretary