

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90262 005 \*\*\*150.00

**DOCUMENT # F00000005353**

1. Entity Name  
**TRANSAMERICA CORPORATION**



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

Mailing Address  
**4333 EDGEWOOD RD NE  
CEDAR RAPIDS, IA 52499**

**24058646**



2. Principal Place of Business  
**4333 Edgewood Rd NE**

3. Mailing Address

Suite, Apt. #, etc. **0**

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State  
**Cedar Rapids, IA**

City & State

4. FEI Number  
**98-6021219**

Applied For  
Not Applicable

Zip  
**52499**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 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. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **BEARDSWORTH, JAMES A**  
STREET ADDRESS **4333 EDGEWOOD ROAD, NE**  
CITY-ST-ZIP **CEDAR RAPIDS, IA 52499**

TITLE **V** ☐ Delete  
NAME **MODZELEWSKI, KATHLEEN M**  
STREET ADDRESS **4333 EDGEWOOD ROAD, NE**  
CITY-ST-ZIP **CEDAR RAPIDS, IA 52499**

TITLE **DP** ☐ Delete  
NAME **BAIRD, PATRICK S**  
STREET ADDRESS **4333 EDGEWOOD RD NE**  
CITY-ST-ZIP **CEDAR RAPIDS, IA 52499**

TITLE **DSV** ☐ Delete  
NAME **VERMIE, CRAIG D**  
STREET ADDRESS **4333 EDEWOOD RD NE**  
CITY-ST-ZIP **CEDAR RAPIDS, IA 52499**

TITLE **DT** ☐ Delete  
NAME **CLANCY, BRENDA K**  
STREET ADDRESS **4333 EDGEWOOD RD NE**  
CITY-ST-ZIP **CEDAR RAPIDS, IA 52499**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

**Craig D. Vermie**  
Secretary

**4/22/04**

Date

**319-398-8511**

Daytime Phone #