


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 006 ***150.00

DOCUMENT # F0000005353
 1. Entity Name
 TRANSAMERICA CORPORATION



Principal Place of Business 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	Mailing Address 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
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02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-6021219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEARDSWORTH, JAMES A 4333 EDGEWOOD ROAD, NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MODZELEWSKI, KATHLEEN M 4333 EDGEWOOD ROAD, NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAIRD, PATRICK S 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV VERMIE, CRAIG D 4333 EDEWOOD RD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLANCY, BRENDA K 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Craig D. Vermie Secretary 2/24/05 319-398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #