

05-05-2003 90290 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

90125912



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # F00000005353</b>				
1. Entity Name <b>TRANSAMERICA CORPORATION</b>				
Principal Place of Business 600 MONTGOMERY STREET SAN FRANCISCO, CA 94111		Mailing Address 600 MONTGOMERY STREET SAN FRANCISCO, CA 94111		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4333 Edgewood Road NE Suite, Apt. #, etc.		
City & State		City & State Cedar Rapids, Iowa		4. FEI Number <b>98-6021219</b>
Zip	Country	Zip 52499	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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 <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating.) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CP2E034 (10/02)
NAME	<b>BEARDSWORTH, JAMES A</b>	NAME	<b>Director, President, CEO</b>	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD, NE</b>	STREET ADDRESS	<b>4333 Edgewood Road NE</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS, IA 52499</b>	CITY-ST-ZIP	<b>Cedar Rapids, IA 52499</b>	
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MODZELEWSKI, KATHLEEN M</b>	NAME	<b>Director, Secretary, VP</b>	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD, NE</b>	STREET ADDRESS	<b>4333 Edgewood Road NE</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS, IA 52499</b>	CITY-ST-ZIP	<b>Cedar Rapids, IA 52499</b>	
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	<b>Director, Treasurer, VP</b>	
STREET ADDRESS		STREET ADDRESS	<b>4333 Edgewood Road NE</b>	
CITY-ST-ZIP		CITY-ST-ZIP	<b>Cedar Rapids, IA 52499</b>	
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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:		Craig D. Vermie Director, Secretary, VP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	4/25/03 319-398-8511	
		Daytime Phone #		