

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077497

FILED
Apr 21, 2011
Secretary of State

Entity Name: TRANSAMERICA ASSET MANAGEMENT, INC.

Current Principal Place of Business:

570 CARILLON PKWY
ST PETERSBURG, FL 337161202 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5068
CLEARWATER, FL 337585068 US

New Mailing Address:

FEI Number: 59-3403585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: CARTER, JOHN K
Address: 570 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DSVS
Name: GALLAGHER, DENNIS P GC
Address: 570 CARILLON PKWY.
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DSV
Name: STAPLES, CHRISTOPHER A
Address: 570 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: CFOT
Name: HEBURN, KAREN D
Address: 570 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS P. GALLAGHER, GC

DSVS

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date