

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91335 014 \*\*\*150.00

**DOCUMENT # P96000077497**



1. Entity Name  
**AEGON/TRANSAMERICA FUND ADVISERS, INC.**

Principal Place of Business  
**570 CARILLON PKWY  
ST PETERSBURG FL 33716-1202  
US**

Mailing Address  
**PO BOX 5068  
CLEARWATER FL 33758-5068  
US**

**11024887**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3403585**  
Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, LARRY N</b>	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD N.E.</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA 52499</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KOLSRUD, DOUGLAS C</b>	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD N.E.</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA 52499</b>	
TITLE	<b>DPCE</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, BRIAN C</b>	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD N.E.</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA 52499</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMILTON, ALLAN J</b>	
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE	<b>EV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORIARTY, THOMAS R</b>	
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE	<b>VSGC</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, JOHN K</b>	
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	

TITLE	<b>O/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William T. DAVIS</b>	
STREET ADDRESS	<b>570 CARILLON PKWY</b>	
CITY-ST-ZIP	<b>ST Petersburg FL 33716</b>	
TITLE	<b>D P CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kim D DAY</b>	
STREET ADDRESS	<b>570 Carillon PKWY</b>	
CITY-ST-ZIP	<b>ST Petersburg FL 33716</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Christopher G. Roetzer</b>	
STREET ADDRESS	<b>570 Carillon PKWY</b>	
CITY-ST-ZIP	<b>ST. Petersburg FL 33716</b>	
TITLE	<b>D/SV J GCS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **4/22/03** **727-299-1824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)