

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000077497

**Entity Name:** TRANSAMERICA ASSET MANAGEMENT, INC.

**FILED**  
**Apr 11, 2015**  
**Secretary of State**  
**CC5739900884**

**Current Principal Place of Business:**

4600 SOUTH SYRACUSE STREET  
SUITE 1100  
DENVER, CO 80237

**Current Mailing Address:**

4600 SOUTH SYRACUSE STREET  
SUITE 1100  
DENVER, CO 80237 US

**FEI Number: 59-3403585**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            SMIT, MARIJN  
Address        4600 SOUTH SYRACUSE STREET  
                 SUITE 1100  
City-State-Zip: DENVER CO 80237

Title            SECRETARY/DIRECTOR  
Name            TYLER, TANE T.  
Address        4600 SOUTH SYRACUSE STREET  
                 SUITE 1100  
City-State-Zip: DENVER CO 80237

Title            TREASURER  
Name            TONER, VINCENT J.  
Address        4600 SOUTH SYRACUSE STREET  
                 SUITE 1100  
City-State-Zip: DENVER CO 80237

Title            DIRECTOR  
Name            STAPLES, CHRISTOPHER A.  
Address        4600 SOUTH SYRACUSE STREET  
                 SUITE 1100  
City-State-Zip: DENVER CO 80237

Title            ASSISTANT SECRETARY  
Name            RYAN, ALISON  
Address        4600 SOUTH SYRACUSE STREET  
                 SUITE 1100  
City-State-Zip: DENVER CO 80237

*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: ALISON RYAN** \_\_\_\_\_

**ASSISTANT SECRETARY    04/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date