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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825274 (4)
1. Corporation Name
AEGON USA SECURITIES, INC.



Principal Place of Business

4333 EDGEWOOD ROAD N. E.
CEDAR RAPIDS IOWA 52402-6801

Mailing Address

4333 EDGEWOOD ROAD N. E.
CEDAR RAPIDS IOWA 52402-6801

3. Date Incorporated or Qualified
10/26/1970

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FALCONIO, PATRICK E.
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA ☐ DELETE

TITLE D
NAME BROWN, LARRY G
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS IA ☒ DELETE

TITLE P
NAME MEHAFFEY, LORRI E
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS IA ☐ DELETE

TITLE V
NAME CRAFT, DONNA M
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA ☐ DELETE

TITLE T
NAME BENNETT, R S
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA ☒ DELETE

TITLE V
NAME THELEN, ROBERT A.
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA ☐ DELETE

1 1 TITLE D
1 2 NAME Busler, William L.
1 3 STREET ADDRESS 4333 Edgewood RD NE
1 4 CITY-ST-ZIP Cedar Rapids, IA 52402 ☐ Change ☒ Addition

2 1 TITLE D
2 2 NAME Clancy, Brenda K.
2 3 STREET ADDRESS 4333 Edgewood RD NE
2 4 CITY-ST-ZIP Cedar Rapids, IA 52402 ☐ Change ☒ Addition

3 1 TITLE S
3 2 NAME Frank A. Camp
3 3 STREET ADDRESS 4333 Edgewood RD NE
3 4 CITY-ST-ZIP Cedar Rapids, IA 52402 ☐ Change ☒ Addition

4 1 TITLE T
4 2 NAME Mehaffey, Lorri E.
4 3 STREET ADDRESS 4333 Edgewood RD NE
4 4 CITY-ST-ZIP Cedar Rapids, IA 52402 ☒ Change ☐ Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP ☐ Change ☐ Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Lorri E. Mehaffey
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR
Lorri E. Mehaffey, President

4/18/96 (319) 398-8776

Date Daytime Phone #

CR2E034 (12/95)