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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 825274

(4)

1. Corporation Name

AEGON USA SECURITIES, INC.

Principal Place of Business

Mailing Address

4333 EDGEWOOD ROAD N. E.
CEDAR RAPIDS IOWA 52402-6601

4333 EDGEWOOD ROAD N. E.
CEDAR RAPIDS IOWA 52499-0001



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/26/1970

3a. Date of Last Report

04/26/1996

4. FEI Number

42-0860104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 agent cable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME BUSLER, WILLIAM L
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA

TITLE P ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE D ☐ DELETE

NAME CLANCY, BRENDA K
STREET ADDRESS 4333 EDGEWOOD, RD, NE
CITY-ST-ZIP CEDAR RAPIDS IA

TITLE V ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 4/28/97

(319)398-8776

CR2E034 (9/96)