FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855489** (1)

1. Corporation Name
TRANSAMERICA ENERGY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1301 HIGHTOWER TRAIL #300 ATLANTA GA 30350	1301 HIGHTOWER TRAIL #300 ATLANTA GA 30350

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/09/1983	02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 1040 Crown Pointe Pkwy	26 1040 Crown Pointe Pkwy
Suite, Apt. #, etc. 22 Suite 800	Suite, Apt. #, etc. 27 Suite 800
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30338 / 25 USA	Zip / Country 29 30339 / 30 USA

4. FEI Number: 58-1467251 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOGAN, ROBERT K. 1041 W HWY 50 CLERMONT FL 32711	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	NEUROHR, BRUCE W.	1.2 NAME	
STREET ADDRESS	10720 STROUP ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, ROBERT K.	2.2 NAME	
STREET ADDRESS	1041 W HWY 50	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CHILDS, LENORA A.	3.2 NAME	
STREET ADDRESS	1301 HIGHTOWER TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NEUROHR, FERDINAND G.	4.2 NAME	
STREET ADDRESS	80 MARINA WAY, BOX 475	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLIP NY	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MINNICH, R. J.	5.2 NAME	
STREET ADDRESS	530 WINDSOR PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	Vice Pres.	6.1 TITLE	☐ Change ☒ Addition
NAME	Jones, Charles H.	6.2 NAME	
STREET ADDRESS	10720 Stroup Road	6.3 STREET ADDRESS	
CITY-ST-ZIP	Roswell, GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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: _____ 1/16/95 404-481-2100
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

G3000513 FP