

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855489 (1)**

1. Corporation Name  
**TRANSAMERICA ENERGY ASSOCIATES, INC.**



Principal Place of Business <b>1040 CROWN POINTE PKWY                  SUITE 800                  ATLANTA GA 30338                  US</b>	Mailing Address <b>1040 CROWN POINTE PKWY                  SUITE 800                  ATLANTA GA 30338                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/09/1983</b>	
4. FEI Number <b>58-1467251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEUROHR, BRUCE W.	
STREET ADDRESS	10720 STROUP ROAD	
CITY-ST-ZIP	ROSWELL GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, CHARLES H	
STREET ADDRESS	10750 STROUP ROAD	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, MICHAEL	
STREET ADDRESS	1040 CROWN POINTE PARKWAY SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEUROHR, FERDINAND G.	
STREET ADDRESS	6 STRAWOOD POINT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MINNICH, R. J.	
STREET ADDRESS	1040 CROWN POINTE PKWY	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ted Miller-Director
4.3 STREET ADDRESS	510 Bering Drive
4.4 CITY-ST-ZIP	Suite 500 Houston, TX 77057
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 its 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.

CR2E034 (10/97)