

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855489

1. Entity Name

TRANSAMERICA ENERGY ASSOCIATES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90197 012 ***150.00

Principal Place of Business	Mailing Address
4010 MCGINNIS FERRY ROAD ALPHARETTA GA 30005 US	4010 MCGINNIS FERRY ROAD ALPHARETTA GA 30005-3909 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	510 Bering, Suite 500 300

City & State	City & State
	Houston TX
Zip	Country
77057	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	58-1467251	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	President & COO
NAME	NEUROHR, BRUCE W.	NAME	Edward Hallander
STREET ADDRESS	10720 STROUP ROAD	STREET ADDRESS	375 Southpoint Blvd
CITY-ST-ZIP	ROSWELL GA	CITY-ST-ZIP	Chadds Ford, PA 15317
TITLE	V	TITLE	SVP/CFO/Treasurer
NAME	JONES, CHARLES H	NAME	W. Benjamin Moreland
STREET ADDRESS	10750 STROUP ROAD	STREET ADDRESS	510 Bering, Suite 500
CITY-ST-ZIP	ROSWELL GA 30075	CITY-ST-ZIP	Houston TX 77057
TITLE	D, Executive Vice President	TITLE	Secretary
NAME	MILLER, TED	NAME	Kathy Broussard
STREET ADDRESS	510 BERING DRIVE, STE 500	STREET ADDRESS	510 Bering, Suite 500
CITY-ST-ZIP	HOUSTON TX 77057	CITY-ST-ZIP	Houston TX 77057
TITLE		TITLE	Vice President
NAME		NAME	Maureen Mannion
STREET ADDRESS		STREET ADDRESS	4010 McGinnis Ferry Road
CITY-ST-ZIP		CITY-ST-ZIP	Alpharetta, GA 30005
TITLE		TITLE	Director
NAME		NAME	David L. Ivy
STREET ADDRESS		STREET ADDRESS	510 Bering, Suite 500
CITY-ST-ZIP		CITY-ST-ZIP	Houston, TX 77057
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Broussard 4/13/00 7135703070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)