

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 006 ***150.00

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1. Entity Name
TRANSAMERICA CORPORATION



Principal Place of Business
**4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499**

Mailing Address
**4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-6021219	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BEARDSWORTH, JAMES A
STREET ADDRESS	4333 EDGEWOOD ROAD, NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	V
NAME	MODZELEWSKI, KATHLEEN M
STREET ADDRESS	4333 EDGEWOOD ROAD, NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DP
NAME	BAIRD, PATRICK S
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DSV
NAME	VERMIE, CRAIG D
STREET ADDRESS	4333 EDEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DT
NAME	CLANCY, BRENDA K
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie
Secretary

2/24/05

Date

319-398-8511

Daytime Phone #