

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91335 016 \*\*\*150.00

**DOCUMENT # F02000002204**

1. Entity Name  
**TRANSAMERICA INDEX FUNDS, INC.**



Principal Place of Business  
**570 CARILLON PARKWAY  
SAINT PETERSBURG FL 33716**

Mailing Address  
**570 CARILLON PARKWAY  
SAINT PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**01-0700084**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, BRIAN C</b>	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD, NE</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA 52499</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, JOHN K</b>	
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>ROETZER, CHIRSTOPHER G</b>	
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, LARRY N</b>	
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, PETER R</b>	
STREET ADDRESS	<b>11180 6TH STREET EAST</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/C/P</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>SV/S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>V/AT/PAO</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>V/T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>KIM D. DAY</b>		
STREET ADDRESS	<b>570 CARILLON PARKWAY</b>		
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/22/03**

**727-299-1824**

CR2E034 (10/02)