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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002033 (7)

TRANSAMERICA JOINT VENTURES, INC.

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address TWO CONTINENTAL TOWERS TWO CONTINENTAL TOWERS 1701 GOLF ROAD SUITE 500 1701 GOLF ROAD SUITE 500 ROLLING MEADOWS IL 60008 ROLLING MEADOWS IL 60008 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-4013922 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City Zip Code 85 FL 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE SCHOEDINGER, JAMES L. NAME 1.2 NAME CR2E034 TWO CONTINENTAL TOWERS, 1701 GOLF RD. STREET ADDRESS 1.3 STREET ADDRESS ROLLING MEADOWS IL CITY-ST-ZIP 1.4 CITY - ST - ZIP SEE ATTACHED LIST DELETE TITLE Change Addition 2.1 TITLE REYNOLDS, ROSALIE M NAME 2.2 NAME 1701 GOLF ROAD STREET ADDRESS 2.3 STREET ADDRESS ROLLING MEADOWS IL CITY - ST - ZIP 2. 4 CITY - ST-ZIP TITLE __ DELETE 3.1 TITLE Change Addition TOENISKOETTER, STEVEN J NAME 3.2 NAME 1701 GOLF ROAD STREET ADDRESS 3.3 STREET ADDRESS ROLLING MEADOWS IL CITY - ST - ZIP 3.4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PERRELLI, ROSARIO A NAME 4. 2 NAME 1701 GOLF ROAD STREET ADDRESS 4.3 STREET ADDRESS ROLLING MEADOWS IL CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE MOHR, JOHN J NAME 5.2 NAME 1701 GOLF ROAD STREET ADDRESS 5.3 STREET ADDRESS ROLLING MEADOWS IL CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITI F 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 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.

Rosali e Reynolds, Asst. Secretary

SIGNATURE:

847-734-7587

Name

Office

1/13/98

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