

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002683 (9)

1. Corporation Name

TRANSAMERICA SECURITIES SALES CORPORATION



Principal Place of Business

P.O. BOX 2101  
LOS ANGELES CA 90051

Mailing Address

~~P.O. BOX 2101~~  
LOS ANGELES CA 90051

3. Date Incorporated or Qualified  
06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

P.O. Box 259

4. FEI Number  
95-4044525

Applied For  
Not Applicable

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22

City & State

27

City & State

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

23

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |  |
|-----------------|--------------------|--|
| TITLE           | PD                 | <input type="checkbox"/> DELETE            |
| NAME            | KELLEY, BARBARA A  |  |
| STREET ADDRESS  | 1150 SO. OLIVE ST. |  |
| CITY - ST - ZIP | LOS ANGELES CA     |  |
| TITLE           | V                  | <input type="checkbox"/> DELETE            |
| NAME            | TRIVERS, DAN       |  |
| STREET ADDRESS  | 1150 SO. OLIVE ST. |  |
| CITY - ST - ZIP | LOS ANGELES CA     |  |
| TITLE           | V                  | <input type="checkbox"/> DELETE            |
| NAME            | BAIR, NICKI        |  |
| STREET ADDRESS  | 1150 SO. OLIVE ST. |  |
| CITY - ST - ZIP | LOS ANGELES CA     |  |
| TITLE           | V                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | CARPENTER, GRACE   |  |
| STREET ADDRESS  | 1150 SO. OLIVE ST. |  |
| CITY - ST - ZIP | LOS ANGELES CA     |  |
| TITLE           | V                  | <input type="checkbox"/> DELETE            |
| NAME            | SHAW, CHRISTOPHER  |  |
| STREET ADDRESS  | 1150 SO. OLIVE ST. |  |
| CITY - ST - ZIP | LOS ANGELES CA     |  |
| TITLE           | T                  | <input type="checkbox"/> DELETE            |
| NAME            | TANG, BEN          |  |
| STREET ADDRESS  | 1150 SO. OLIVE ST. |  |
| CITY - ST - ZIP | LOS ANGELES CA     |  |

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 type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-96 213-742-3899

CR2E034 (12/95)