

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90006 029 ***550.00

013137 AT

DOCUMENT # F95000002683

1. Entity Name
TRANSAMERICA SECURITIES SALES CORPORATION

Principal Place of Business
P.O. BOX 512598
LOS ANGELES CA 90051

Mailing Address
P.O. BOX 512598
LOS ANGELES CA 90051

00061972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4044525**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T 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

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

(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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD BAIR, NICKI** ☒ Delete
 STREET ADDRESS **1150 SO. OLIVE ST.**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE
 NAME **Sandra Brown** ☐ Change ☒ Addition
 STREET ADDRESS **President & Director**
 CITY-ST-ZIP **1150 S. Olive St, Los Angeles, CA 90015**

TITLE
 NAME **VPTD BROWN, SANDRA** ☒ Delete
 STREET ADDRESS **1150 SO. OLIVE ST.**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **VP SHAW, CHRISTOPHER** ☐ Delete
 STREET ADDRESS **1150 S OLIVE STREET**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **S FINK, REGINA** ☒ Delete
 STREET ADDRESS **1150 SO. OLIVE ST.**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE
 NAME **Secretary Christopher Shaw** ☐ Change ☒ Addition
 STREET ADDRESS **1150 S. Olive Street**
 CITY-ST-ZIP **Los Angeles, CA 90015**

TITLE
 NAME **VPCF CHUANG, GEORGW** ☐ Delete
 STREET ADDRESS **1150 SO. OLIVE ST.**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01
 Date

213-742-3295
 Daytime Phone #

CR2001 (5/01)