

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000002683

FILED
May 01, 2003
Secretary of State

Entity Name: TRANSAMERICA SECURITIES SALES CORPORATION

Current Principal Place of Business:

P.O. BOX 512598
LOS ANGELES, CA 90051

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 512598
LOS ANGELES, CA 90051

New Mailing Address:

FEI Number: 95-4044525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, SANDRA
Address: 1150 SO. OLIVE ST.
City-St-Zip: LOS ANGELES, CA 90015

Title: VP () Delete
Name: SHAW, CHRISTOPHER
Address: 1150 S OLIVE STREET
City-St-Zip: LOS ANGELES, CA

Title: S () Delete
Name: SHAW, CHRISTOPHER
Address: 1150 S. OLIVE STREET
City-St-Zip: LOS ANGELES, CA 90015

Title: VPCF () Delete
Name: CHUANG, GEORGW
Address: 1150 SO. OLIVE ST.
City-St-Zip: LOS ANGELES, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SHAW

VP

05/01/2003

Electronic Signature of Signing Officer or Director

Date