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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90094 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000002945**

1. Corporation Name

**TRANSAMERICA MORTGAGE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1150 S OLIVE ST LOS ANGELES CA 90015	1150 SO. OLIVE ST. LAW DEPT. LOS ANGELES CA 90015 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified	
06/12/1996	
4. FEI Number	Applied For
95-4583246	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	DVT	1.1 TITLE	D
NAME	HAWKINS, DAVID H	1.2 NAME	BARBER, R. SCOTT
STREET ADDRESS	600 MONTGOMERY ST	1.3 STREET ADDRESS	9399 HIGGINS ROAD, STE. 600
CITY-ST-ZIP	SAN FRANCISCO CA 94111	1.4 CITY-ST-ZIP	ROSEMONT, IL. 60018
TITLE	DV	2.1 TITLE	
NAME	HARRY, ROBERT R.	2.2 NAME	
STREET ADDRESS	2501 OAK LAWN AVENUE, 7TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VT
NAME	FOLTZ, STEPHEN H	3.2 NAME	
STREET ADDRESS	1150 S OLIVE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	
NAME	MURPHY, JAMES J	4.2 NAME	
STREET ADDRESS	1150 S OLIVE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	
NAME	O'BANNON, EUGENE E JR	5.2 NAME	
STREET ADDRESS	13760 NOEL RD #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	SPENCER, MARK G	6.2 NAME	
STREET ADDRESS	13760 NOEL RD #1100	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:** James J. Murphy 1/21/99 (213) 742-4762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)