FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F97000001703**1. Corporation Name

Principal Place of Business

TRANSAMERICA HOME LOAN CORPORATION

1150 SOUTH OLIVE STREET SUITE 2800 LOS ANGELES CA 90015		1150 SOUTH OLIVE STREET SUITE 2800 LOS ANGELES CA 90015				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	⊢ ¬			4. FEI Number	 	pplied For	
21		26				95-4390993		lot Applicable Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 			5. Certifcate of Status Desired	* -	Required	
City & State	e ·	City & State				6. Election Campaign Financing	\$5.00)-May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Co			Country 8. This corporation owes the current year Intangible					
24	25 29 30			Personal Property Tax. Yes No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent		
0.7	CORROCATION OVOTEM			81	Name				
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		82 Street Ad			Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				83					
				84	City	F	85 Zip	Code	
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Feet and title if applicable. (NO	TE: Registered	utes.		ration's board of directors. I hereby accept the appropriate of the property o			
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS			
TITLE	CPD	☐ DELETE	1,1 111			William~H. Dwinell	□ слапфе	• X ₹ Addition	
NAME	FOLTZ, STEPHEN	_	1 2 NA		ļ	9399 W. Higgins, Ste. 600	•		
STREET ADDRESS	9399 W HIGGINS RD, STE 60	0			ADDRESS	Rosemont, IL. 60018			
CITY-ST-ZIP	ROSEMONT IL 60018	C pourte		TY-ST	-ZIP	VD	Change	Addition	
TITLE	EVD DELETE			2.1 TITLE 2.2 NAME		Keith A. VanDamme	□ onenge	KA Tablas	
NAME	GLOVER, JERRY D	CLUTE 0000			1 DDDCCC	5595 Trilliam Blvd., 2nd Fl.			
STREET ADDRESS	1150 SOUTH OLIVE STREET,	SUITE ZOUU			ADDRESS	Hoffman Estates, IL. 60008			
CITY-ST-ZIP TITLE	LOS ANGELES CA 90015 VGCS DELETE		3.1 111	ITY∙ST	-ZIP	D	Change	Addition	
NAME	MURPHY, JAMES J		3.2 NA			William D. Keiper		^^	
STREET ADDRESS.	· · · · · · · · · · · · · · · · · ·			3 3 STREET ADDRESS		9399 W. Higgins Road, STe. 600		ĺ	
CITY-ST-ZIP	LOS ANGELES CA 90015			3.4. CITY-ST-ZIP		Rosemont, II. 60018			
TITLE	EVD	XX DELETE	4.1 TIT		_		☐ Change	Addition	
NAME	VON KAPFF, MARCUS A	4. 2		AME					
STREET ADDRESS	1150 SOUTH OLIVE STREET,	SUITE 2800	4.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP	LOS ANGELES CA 90015		4 4 Cr	TY-ST	-ZIP				
TITLE	CFOT	XX DELETE	5.1 TIT				☐ Change	Addition	
NAME	HAWKINS, DAVID H		5.2 NA	ME					
STREET ADDRESS	600 MONTGOMERY STREET				ADDRESS				
CITY-ST-ZIP	SAN FRANCISCO CA 94111			TY-ST	ZIP				
TITLE		☐ DELETE	6.1 TI	ILE			Change	e ☐ Addition	

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

James J. Murphy

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90094 012 ***150.00

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 of changed, or on an attention with an address, with all other like empowered. (213) 742-4762