

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000001703**

1. Entity Name

TRANSAMERICA HOME LOAN CORPORATION**FILED****Feb 04, 2000 8:00 am**
Secretary of State

02-04-2000 90036 048 ***150.00

912953

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1150 SOUTH OLIVE STREET
SUITE 2800
LOS ANGELES CA 900151150 SOUTH OLIVE STREET
SUITE 2800
LOS ANGELES CA 90015-2211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4390993

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 CPD
NAME FOLTZ, STEPHEN ☒ Delete
STREET ADDRESS 9399 W HIGGINS RD, STE 600
CITY-ST-ZIP ROSEMONT IL 60018TITLE DP
NAME Keith A. VanDamme ☒ Change ☐ Addition
STREET ADDRESS 5595 Trillium Boulevard
CITY-ST-ZIP Hoffman Estates, IL 60192TITLE EVD
NAME GLOVER, JERRY D ☐ Delete
STREET ADDRESS 1150 SOUTH OLIVE STREET, SUITE 2800
CITY-ST-ZIP LOS ANGELES CA 90015TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VGCS
NAME MURPHY, JAMES J ☐ Delete
STREET ADDRESS 1150 SOUTH OLIVE STREET, SUITE 2800
CITY-ST-ZIP LOS ANGELES CA 90015TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VT
NAME DWINELL, WILLIAM H ☒ Delete
STREET ADDRESS 9399 W HIGGINS STE 600
CITY-ST-ZIP ROSEMONT IL 60018TITLE DT
NAME Rosario A. Perrelli ☒ Change ☐ Addition
STREET ADDRESS 5595 Trillium Boulevard
CITY-ST-ZIP Hoffman Estates, IL 60192TITLE VD
NAME VANDAMME, KEITH A ☒ Delete
STREET ADDRESS 5595 TRILLIAM BLVD 2ND FL
CITY-ST-ZIP HOFFMAN ESTATES IL 60008TITLE VP
NAME David E. Wolfe ☒ Change ☐ Addition
STREET ADDRESS 5595 Trillium Boulevard
CITY-ST-ZIP Hoffman Estates, IL 60192TITLE D
NAME KEIPER, WILLIAM D ☐ Delete
STREET ADDRESS 9399 W HIGGINS RD STE 600
CITY-ST-ZIP ROSEMONT IL 60018TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Murphy, VP (213) 742-4762

Date

Daytime Phone #

CR2E034 (9/99)