

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90044 042 ***150.00

DOCUMENT # F97000002172

1. Corporation Name

TRANSAMERICA VENDOR FINANCIAL SERVICES CORPORATION

Principal Place of Business

TWO CONTINENTAL TOWERS
1701 GOLF ROAD
ROLLING MEADOWS IL 60008

Mailing Address

TWO CONTINENTAL TOWERS
1701 GOLF ROAD
ROLLING MEADOWS IL 60008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

36-4134790

Applied For

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

2. Principal Place of Business

21 5595 Trillium Boulevard
Suite, Apt. #, etc.

2a. Mailing Address

26 5595 Trillium Boulevard
Suite, Apt. #, etc.

City & State

23 Hoffman Estates, IL

City & State

28 Hoffman Estates, IL

Zip

24 60192

Country

25 U.S.A.

Zip

29 60192

Country

30 U.S.A.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SCHOEDINGER, ROSARIO A
1701 GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

TITLE ☒ DELETE

NAME VS
STREET ADDRESS WENDT, DEBRA S
1701 GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

TITLE ☒ DELETE

NAME VPGM
STREET ADDRESS CASE, ROBERT G
3500 OAK LAWN AVE #400
CITY-ST-ZIP DALLAS TX 75204

TITLE ☐ DELETE

NAME VD
STREET ADDRESS PERRELLI, ROSARIO A
1701 GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

TITLE ☐ DELETE

NAME V
STREET ADDRESS MOHR, JOHN J
1701 GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

TITLE ☐ DELETE

NAME AS
STREET ADDRESS REYNOLDS, ROSALIE M
1701 GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5595 Trillium Blvd.
Hoffman Estates, IL 60192

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5595 Trillium Blvd.
Hoffman Estates, IL 60192

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5595 Trillium Blvd.
Hoffman Estates, IL 60192

6.1 TITLE

☒ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5595 Trillium Blvd.
Hoffman Estates, IL 60192

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (847) 747-7587

CR2E034 (11/98)

TRANSAMERICA VENDOR FINANCIAL SERVICES CORPORATION

F97000002172

545524-90044-42
F97000002172

Name		Office	
MOGAVERO, Gerald A.	5595 Trillium Boulevard	Vice President and General Manager	Hoffman Estates, IL 60192
MOHR, John J.	5595 Trillium Boulevard	Vice President - Tax	Hoffman Estates, IL 60192
PERRELLI, Rosario A.	5595 Trillium Boulevard	Senior Vice President - Finance	Hoffman Estates, IL 60192
REYNOLDS, Rosalie M.	5595 Trillium Boulevard	Assistant Secretary	Hoffman Estates, IL 60192
SCHOEDINGER, James L.	5595 Trillium Boulevard	President & Chief Executive Officer	Hoffman Estates, IL 60192
VACANT		Treasurer's duties performed by Sr. Vice President - Finance	
Directors			
MOGAVERO, Gerald A.	5595 Trillium Boulevard		Hoffman Estates, IL 60192
PERRELLI, Rosario A.	5595 Trillium Boulevard		Hoffman Estates, IL 60192
SCHOEDINGER, James L.	5595 Trillium Boulevard		Hoffman Estates, IL 60192
von KAPFF, Marcus A.	5595 Trillium Boulevard		Hoffman Estates, IL 60192