

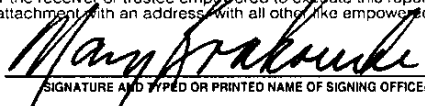


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90026 008 \*\*\*150.00

<b>DOCUMENT # F97000002172</b> 1. Entity Name <b>TRANSAMERICA VENDOR FINANCIAL SERVICES CORPORATION</b>					
Principal Place of Business <b>9399 W. HIGGINS RD., SUITE 600 ROSEMONT, IL 60018</b>				Mailing Address <b>9399 W. HIGGINS RD., SUITE 600 ROSEMONT, IL 60018</b>	
2. Principal Place of Business <b>1900 E. Golf Road</b>		3. Mailing Address <b>1900 E. Golf Road</b>		<div style="font-size: 24pt; font-weight: bold;">40001253</div> 	
Suite, Apt. #, etc. <b>Suite M-100</b>		Suite, Apt. #, etc. <b>Suite M-100</b>			
City & State <b>Schaumburg, IL 60173</b>		City & State <b>Schaumburg, IL 60173</b>			
Zip <b>U.S.</b>		Zip <b>U.S.</b>		4. FEI Number <b>36-4134790</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VANDAMME, KEITH A</b> <b>9399 W. HIGGINS ROAD, SUITE 600</b> <b>ROSEMONT, IL 60018</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD</b> <b>PERRELLI, ROSARIO A</b> <b>5595 TRILLIUM BLVD</b> <b>HOFFMAN ESTATES, IL 60192</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT</b> <b>MOHR, JOHN J</b> <b>5595 TRILLIUM BLVD</b> <b>HOFFMAN ESTATES, IL 60192</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPS</b> <b>HILLERY, VINCENT E</b> <b>5595 TRILLIUM BLVD</b> <b>HOFFMAN ESTATES, IL 60192</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>KRAKOWSKI, MARY F</b> <b>9399 W. HIGGINS RD., SUITE 600</b> <b>ROSEMONT, IL 60018</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			01/13/05 <span style="float: right;">847-230-1106</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		