


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90019 003 \*\*\*150.00

DOCUMENT # F97000002172					
1. Entity Name TRANSAMERICA VENDOR FINANCIAL SERVICES CORPORATION					
Principal Place of Business 1900 E GOLF ROAD SUITE M 100 SCHAUMBURG, IL 60173		Mailing Address 1900 E GOLF ROAD SUITE M 100 SCHAUMBURG, IL 60173			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4134790	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent			
		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	-P- <input type="checkbox"/> Delete	TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANDAMME, KEITH A	NAME	Keith A. Van Damme		
STREET ADDRESS	9399 W-HIGGINS ROAD, SUITE 600	STREET ADDRESS	1900 East Golf Road, Suite M-100		
CITY-ST-ZIP	ROSEMONT, IL 60018	CITY-ST-ZIP	Schaumburg, IL 60173		
TITLE	EVPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRELLI, ROSARIO A	NAME			
STREET ADDRESS	5595 TRILLIUM BLVD	STREET ADDRESS			
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60192	CITY-ST-ZIP			
TITLE	SVPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOHR, JOHN J	NAME			
STREET ADDRESS	5695 TRILLIUM BLVD	STREET ADDRESS	1900 East Golf Road, Suite M-100		
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60192	CITY-ST-ZIP	Schaumburg, IL 60173		
TITLE	EVPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILLERY, VINCENT E	NAME			
STREET ADDRESS	5595 TRILLIUM BLVD	STREET ADDRESS	1900 East Golf Road, Suite M-100		
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60192	CITY-ST-ZIP	Schaumburg, IL 60173		
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAKOWSKI, MARY F	NAME			
STREET ADDRESS	9399 W-HIGGINS RD, SUITE 600	STREET ADDRESS	1900 East Golf Road, Suite M-100		
CITY-ST-ZIP	ROSEMONT, IL 60018	CITY-ST-ZIP	Schaumburg, IL 60173		
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Thomas G. Bastian		
STREET ADDRESS		STREET ADDRESS	1900 East Golf Road, Suite M-100		
CITY-ST-ZIP		CITY-ST-ZIP	Schaumburg, IL 60173		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary F. Krakowski</i>		Date: 2-9-06		Daytime Phone #: 847-230-1120	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Mary F. Krakowski, Assistant Secretary					