

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 010 ***150.00

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DOCUMENT # F97000003303 1. Entity Name TRANSAMERICA ACCOUNTS HOLDING CORPORATION					
Principal Place of Business 5595 TRILLUM BLVD HOFFMAN ESTATES, IL 60192			Mailing Address 5595 TRILLUM BLVD HOFFMAN ESTATES, IL 60192		
2. Principal Place of Business 9399 W. Higgins Road, Suite 600 Suite, Apt. #, etc.		3. Mailing Address 9399 W. Higgins Rd., Suite 600 Suite, Apt. #, etc.			
City & State Rosemont, IL 60018		City & State Rosemont, IL		4. FEI Number 36-4162154	
Zip 60018		Country U.S.		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	EVCD PERRELLI, ROSARIO A <input type="checkbox"/> Delete 5595 TRILLUM BLVD HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGMG President VAN DAMME, KEITH A <input type="checkbox"/> Delete 5595 TRILLUM BLVD HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, R S <input checked="" type="checkbox"/> Delete 5595 TRILLUM BLVD HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCS HILLERY, VINCENT E <input type="checkbox"/> Delete 5595 TRILLUM BLVD HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Mary F. Krakowski <input type="checkbox"/> Delete 9399 W. Higgins Road, Suite 600 Rosemont, IL 60018		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: <i>Mary F. Krakowski</i>			Mary F. Krakowski		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/18/04 Daytime Phone # (847) 695-1120		