

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90229 045 ***150.00

0651133 AT

DOCUMENT # F98000005605

1. Entity Name

TRANSAMERICA EQUIPMENT FINANCIAL SERVICES CORPORATION



Principal Place of Business
9399 WEST HIGGINS RD., STE. 600
ROSEMONT IL 60018

Mailing Address
5595 TRILLIUM BLVD
HOFFMAN ESTATES IL 60192

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4247275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

337975

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FARRELL, WILLIAM G JR**
STREET ADDRESS **4975 PRESTON PARK BLVD, STE 320**
CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
NAME **ALLEMANG, RANDALL L**
STREET ADDRESS **4975 PRESTON PARK BLVD, STE 320**
CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **DRAGICH, PAUL S**
STREET ADDRESS **9399 W HIGGINS RD STE 600**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVPC** ☐ Delete
NAME **HILLERY, VINCENT E**
STREET ADDRESS **5595 TRILLIUM BLVD**
CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

TITLE **EVP/GC/S** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete
NAME **CROCKER, O. BRANDT**
STREET ADDRESS **22191 MONTELLANO**
CITY-ST-ZIP **MISSION VIEJO CA 92691**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVP** ☐ Delete
NAME **MOHR, JOHN J**
STREET ADDRESS **5595 TRILLIUM BLVD.**
CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

VINCENT E. HILLERY

03/18 /03 (847)747-6800

Vincent E. Hillery EVP, General Counsel & Secretary

Date

Daytime Phone #

CR2E034 (10/02)