

# 2001 UNIFORM BUSINESS REPORT (UBR)

0567049

DOCUMENT # F98000005787

1. Entity Name

TRANSAMERICA SMALL BUSINESS CAPITAL, INC.

APPROVED  
AND  
FILED

01 JAN 12 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7 NORTH LAURENS STREET  
SUITE 601  
GREENVILLE SC 29601

9399 WEST HIGGINS ROAD  
STE 600  
DES PLAINES IL 60018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 North Main Street,

3. Mailing Address

Suite, Apt. #, etc.

Suite 604

Suite, Apt. #, etc.

City & State

Greenville, SC

City & State

4. FEI Number

36-4251204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

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)

3600002590793--7

-01/29/01--01130--016

\*\*\*150.00

150.00

City

FL

Zip Code

314

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **READ, STEVEN A**  
STREET ADDRESS **9399 WEST HIGGINS RD., STE 600**  
CITY-ST-ZIP **ROSEMONT IL**

TITLE **Chief Executive Office** ☒ Change ☐ Addition  
NAME **Richard L. Perry**  
STREET ADDRESS **Two Ravinia Drive, Suite 700**  
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **V** ☒ Delete  
NAME **FOLTZ, STEPHEN H**  
STREET ADDRESS **9399 WEST HIGGINS RD., STE 600**  
CITY-ST-ZIP **ROSEMONT IL**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **A. Scott Lining**  
STREET ADDRESS **220 North Main Street, Suite 604**  
CITY-ST-ZIP **Greenville, SC 29601**

TITLE **S** ☒ Delete  
NAME **KRAKOWSKI, MARY F**  
STREET ADDRESS **9399 WEST HIGGINS RD., STE 600**  
CITY-ST-ZIP **ROSEMONT IL**

TITLE **Senior Vice President - Finance** ☐ Change ☒ Addition  
NAME **Angelo DiMartino**  
STREET ADDRESS **9399 West Higgins Road, Suite 600**  
CITY-ST-ZIP **Rosemont, IL 60018**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Brendan Eccleston**  
STREET ADDRESS **220 North Main Street, Suite 604**  
CITY-ST-ZIP **Greenville, SC 29601**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Angelo DiMartino*

Angelo DiMartino

1/4/01

(847) 685-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)