

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90022 034 ***150.00

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1. Entity Name
TRANSAMERICA SMALL BUSINESS CAPITAL, INC.



Principal Place of Business
**7 NORTH LAURENS STREET
SUITE 601
GREENVILLE, SC 29601**

Mailing Address
**9399 WEST HIGGINS ROAD
STE 600
DES PLAINES, IL 60018**

94040867



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4251204	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRANICH, EARNEST N 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLOCK, CHRISTOPHER L 9399 WEST HIGGINS RD., SUITE 600 ROSEMONT, IL 60018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WICK, CARY M 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDAMME, KEITH A 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CASIERI, AMY 9399 WEST HIGGINS ROAD, SUITE 600 HOFFMAN ESTATES, IL 60192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURPHY, JAMES J 1150 G. OLIVE STREET, T2100 LOS ANGELES, CA 90015

**DO NOT WRITE
IN THIS SPACE**

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: Amy Casieri Amy Casieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (847) 685-1120
Date Daytime Phone #