

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005112

1. Entity Name

TRANSAMERICA INTELLITECH, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90124 043 \*\*\*550.00

Principal Place of Business

1860 HOWE AVENUE, SUITE 455  
SACRAMENTO CA 95825

Mailing Address

1860 HOWE AVENUE, SUITE 455  
SACRAMENTO CA 95825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5420 LBJ Frwy

Suite, Apt. #, etc.

#1400

City & State

Dallas, TX

Zip

75240

Country

4. FEI Number

68-0214527

Applied For

Not Applicable

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

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **P** ☒ Delete  
NAME **SELINGER, RUSSELL**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO CA 95825**

TITLE **V** ☐ Delete  
NAME **HADEN, STEPHEN R**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO CA 95825**

TITLE **S** ☐ Delete  
NAME **KANE, GAIL M**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO CA 95825**

TITLE **T** ☐ Delete  
NAME **NEHLS, CHRISTOPHER A**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO CA 95825**

TITLE **CD** ☐ Delete  
NAME **CHARLTON, RUSSELL T**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO CA 95825**

TITLE **C** ☒ Delete  
NAME **CUSACK, THOMAS J**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO CA 95825**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ROBERT A. WATSON**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO, CA 95825**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **GEORGE B. SUNDY**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO, CA 95825**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **FRANK C. HERRINGER**  
STREET ADDRESS **1860 HOWE AVENUE, SUITE 455**  
CITY-ST-ZIP **SACRAMENTO, CA 95825**

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHRISTOPHER A. NEHLS**

**7/21/00**  
Date

**(214) 571-1615**  
Daytime Phone #

CR2E034 (5/00)