



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90478 041 ***150.00

DOCUMENT # K03174 1. Entity Name AEGON/TRANSAMERICA INVESTOR SERVICES, INC.					
Principal Place of Business 570 CARILLON PWY ST PETERSBURG, FL 33716-1202			Mailing Address PO BOX 5068 CLEARWATER, FL 33758-5068		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, LARRY N		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	SVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAY, KIM D		NAME		
STREET ADDRESS	570 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	DCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, BRIAN C		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	Kyle A. Keelan SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROETZER, CHRISTOPHER G		NAME	570 Carillon Parkway	
STREET ADDRESS	570 CARILLON PARKWAY		STREET ADDRESS	St. Petersburg, FL 33716	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	SVGC <input type="checkbox"/> Delete		TITLE	D/SV/CC/S/CO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, JOHN K		NAME		
STREET ADDRESS	570 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	AV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Brenda L. Smith	
STREET ADDRESS			STREET ADDRESS	570 Carillon Parkway, St. Petersburg, FL 33716	
CITY-ST-ZIP			CITY-ST-ZIP		
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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 5-1-04 Daytime Phone #: 727-244-1582		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					