

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91335 018 ***150.00

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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

11044003



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 **59-2857950**

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

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

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

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	C	<input type="checkbox"/> Delete
NAME	NORMAN, LARRY N	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOLSRUD, DOUGLAS C	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, BRIAN C	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CAROLYN M	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, ALLAN J	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	VSGC	<input type="checkbox"/> Delete
NAME	CARTER, JOHN K	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM D DAY	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER G ROETZER	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SV/GC/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 10 or Block 11 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

4/22/03

Date

727-299-1824

Daytime Phone #

CR2E034 (10/02)