

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90013 025 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P04474			
1. Entity Name AEGON USA REALTY ADVISORS, INC.			
Principal Place of Business 4333 Edgewood Road N.E. Cedar Rapids, IA 52499-5555		Mailing Address 4333 Edgewood Road N.E. Cedar Rapids, IA 52499-5555	
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 42-1205796		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT Corporation System 1200 S. 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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD P NAME David Blankenship STREET ADDRESS 4333 Edgewood Road N.E. CITY-ST-ZIP Cedar Rapids, IA 52499-5555	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME Thomas Nordstrom STREET ADDRESS 4333 Edgewood Road N.E. CITY-ST-ZIP Cedar Rapids, IA 52499-5555	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTS NAME Alan Fletcher STREET ADDRESS 4333 Edgewood Road N.E. CITY-ST-ZIP Cedar Rapids, IA 52499-5555	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS NAME Maureen DeWald STREET ADDRESS 4333 Edgewood Road N.E. CITY-ST-ZIP Cedar Rapids, IA 52499-5555	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME Lindsay Schumacher STREET ADDRESS 4333 Edgewood Road N.E. CITY-ST-ZIP Cedar Rapids, IA 52499-5555	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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: Maureen DeWald Senior Vice President,
Secretary, and General Counsel
Maureen DeWald
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00

Date

Daytime Phone #