

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90167 001 \*\*\*150.00

**DOCUMENT # P04474**

1. Entity Name  
**AEGON USA REALTY ADVISORS, INC.**



Principal Place of Business  
**4333 EDGEWOOD ROAD NE  
CEDAR RAPIDS IA 52402-6601**

Mailing Address  
**4333 EDGEWOOD ROAD NE  
CEDAR RAPIDS IA 52402-6601**

2. Principal Place of Business  
**4333 Edgewood Road N.E.**

3. Mailing Address  
**4333 Edgewood Road N.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Cedar Rapids, IA**

City & State  
**Cedar Rapids, IA**

4. FEI Number **42-1205796**

Applied For  
Not Applicable

Zip  
**52499-5555**

Country

Zip  
**52499-5555**

Country

5. Certificate of Status Desired ☐ **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V SCHUMACHER, LINDSAY 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52499-5555</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NORDSTORM, THOMAS L. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52499-5555</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDP BLANKENSHIP, DAVID L. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52499-5555</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS FLETCHER, ALAN F. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52499-5555</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS DEWALD, MAUREEN 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52499-5555</b>	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: Maureen DeWald, Senior Vice President, Secretary and General Counsel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/07/03** (319) 398-8645

CR2E034 (10/02)