

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20503 (9)**  
 1. Corporation Name  
**TRANSAMERICA BUSINESS CREDIT CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9399 W HIGGINS RD                  SUITE 600                  ROSEMONT IL 60018                  US</b>	Mailing Address <b>2 CONTINENTAL TOWERS 1701 GOLF RD                  SUITE 500                  ROLLING MEADOWS IL 60008                  US</b>
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3. Date Incorporated or Qualified <b>08/16/1988</b>	
4. FEI Number <b>36-3596947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	MARINI, MATTHEW A	
STREET ADDRESS	9399 W HIGGINS RD SUITE 600	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WANDERS, DAVID G	
STREET ADDRESS	ONE NORTH FRANKLINE SUITE C301	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOHR, JOHN J.	
STREET ADDRESS	TWO CONTINENTAL TOWERS 1701 GOLF RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	PERRELLI, ROSARIO A	
STREET ADDRESS	TWO CONTINENTAL TOWERS 1701 GOLF RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	READ, STEVEN A.	
STREET ADDRESS	9399 WEST HIGGINS, STE. 600	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ROSALIE	
STREET ADDRESS	TWO CONTINENTAL TOWERS, 1701 GOLF RD.	
CITY-ST-ZIP	ROLLING MEADOWS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosalie Reynolds*, Asst. Secretary

CR2E034 (10/97)

*Winters* 847-734-7507