2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2005 8:00 am DOCUMENT # P21648 Secretary of State AEGON/TRANSAMERICA SERIES FUND. INC. 05-02-2005 90496 008 ***150.00 TRUST Principal Place of Business Mailing Address 570 CARILLON PKWY PO BOX 5068 **CLEARWATER, FL 33758-5068** ST PETERSBURG, FL 33716-1202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04282005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2659537 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324-1202 City 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVC TITLE TITLE D Change ☐ Delete ☐ Addition SHORT, JR., WILLIAM R NAME NAME STREET ADDRESS **570 CARILLON PKWY** STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 337161202 CITY - ST- ZIP DC TITLE Delete TITLE ☐ Change **Addition** Thomas P. O'Ner|| 510 Carillon PKwy St. Petersburg Fh 337/6 BROWN, PETER R NAME NAME STREET ADDRESS **570 CARILLON PKWY** STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 337161202 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 🖾 Janice B. Cose NAME HILL, LEO J NAME 570 Carillan PKWY St Petersburg, Ex 3371 STREET ADDRESS 570 CARILLON PKWY STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 337161202 CITY-ST-ZIP DP CEU TITLE ☐ Delete TITLE Addition CALABRIA, DANIEL NAME NAME Brian C. Scot **570 CARILLON PARKWAY** STREET ADDRESS STREET ADDRESS 70 Corillon CITY-ST-ZIP ST PETERSBURG, FL 337161202 CITY-ST-ZIP TITLE Delete Addition A TITLE HARRIS, CHARLES C. NAME NAME STREET ADDRESS **570 CARILLON PKWY** STREET ADDRESS CITY-S1-ZIP ST PETERSBURG, FL 337161202 CITY-ST-7/P THE ☐ Delete Addition TITLE KIMBALL, RUSSELL A JR. NAME NAME STREET ADDRESS 570 CARILLON PKWY STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 337161202 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED