

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90205 013 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P29872

1. Entity Name
TRANSAMERICA FINANCIAL ADVISORS, INC.



Principal Place of Business
1209 ORANGE STREET
WILMINGTON, DE 19801

Mailing Address
1209 ORANGE STREET
WILMINGTON, DE 19801

80118626

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
95-2585208

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 resigning)

DATE

FILE NOW!!! FEE IS \$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 **P BROWN, SANDRA C** ☐ Delete
STREET ADDRESS **1150 S OLIVE STREET, STE T-25**
CITY-ST-ZIP **LOS ANGELES, CA 90015**

TITLE
NAME **Secretary, Vice President** ☐ Change ☒ Addition
STREET ADDRESS **Christopher Shaw**
CITY-ST-ZIP **1150 S. Olive St., Ste. T-25**
Los Angeles, CA 90015

TITLE
NAME **V TRIVERS, DAN S.** ☐ Delete
STREET ADDRESS **1150 SOUTH OLIVE**
CITY-ST-ZIP **LOS ANGELES, CA**

TITLE
NAME **Director** ☐ Change ☒ Addition
STREET ADDRESS **Ronald F. Wagley**
CITY-ST-ZIP **1150 S. Olive St., Ste. T-25**
Los Angeles, CA 90015

TITLE
NAME **T CHUANG, GEORGE** ☐ Delete
STREET ADDRESS **1150 S OLIVE ST., STE T-25**
CITY-ST-ZIP **LOS ANGELES, CA 90015**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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: Christopher Shaw, vp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

5/5/03 213/742-2295

CR2E034 (10/02)