2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000077497

1. Entity Name

|--|

| FILED | | | | |
|------------|-----------|-----------|----|--|
| Apr 29, | 2008 | 8:00 | am | |
| | | | | |
| Secreta | ary oi | Stat | e | |
| 04-29-2008 | 90077 018 | ***150.00 |) | |

| TRANSA | MERICA ASSET MANAGEN | IENT, INC. | | | | | | | |
|---|---|--|---|---------------|--------------------------|------------------------|---|----------------------------|---------------------------|
| Principal Place 570 CARILLO ST PETERSBI | | Mailing Address PO BOX 5068 CLEARWATER, FL 337 | 58-5068 US | | | 18418 | 71 60 174 1 30 11 1 00 1 | il 31818 13 111 132 | 18 3 1 1861 |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 04212008 | Chg-P | CR2E03 | 34 (12/06) | |
| City & State | 9 | City & State | | | 4. FEI Numbe 59-340 | | | | plied For t Applicable |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | 8.75 Add ee Required | |
| _ | 6. Name and Address of Current F | Registered Agent | Nama | | 7. Name and | Address of New R | legistered A | gent | |
| CT CORPO | ORATION SYSTEM | | Name | | | | | | |
| 1200 S. PI | NE ISLAND ROAD ON, FL 33324 | | Street A | ddress (I | P.O. Box Numbe | er is Not Acceptable | e) | | |
| | , | | City | | | | | Zip Code | |
| | | | | | | | FL | <u> </u> | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | registered office o | r register | ed agent, or bot | h, in the State of Flo | orida. I am ta | amiliar with, | and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTI | E: Registered Agent signal | ture required | when reinstating) | | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | 9. Election Campai Trust Fund Cont | | | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND (| DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 |
| TITLE | DSV | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | STAPLES, CHRISTOPHER A 570 CARILLON PKWY | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | i | CITY-ST-ZIP | | | | | | |
| TITLE | SV | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | KEELAN, KYLE A | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 570 CARILLON PKWY. SAINT PETERSBURG, FL 33716 | • | STREET ADDRESS GITY-ST-ZIP | | | | | | |
| TITLE | DSVS | ☐ Delete | TITLE | b s | V S | | | Change | ☐ Addition |
| NAME | GALLAGHER, DENNIS P GC | - Delete | NAME | | | | | □ cuange | □ Nation |
| STREET ADDRESS | 570 CARILLON PKWY | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | | CITY-ST-ZIP | 4,00 | O T | | | | V |
| TITLE NAME | SVT STERLACCI, CAROL A CFO | Ď Delete | TITLE NAME | | | Heburn | | ☐ Change | Addition |
| STREET ADDRESS | 570 CARILLON PKWY. | | STREET ADDRESS | | | Heburn lon Pkwy | | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | • | CITY-ST-ZIP | Sa | int Pet | ersburg, | FL 3 | 3716 | |
| TITLE | sv | ☑ Delete | TITLE | SV | | | | ☐ Change | X Addition |
| NAME STREET ADDRESS | REYMANN, GREGORY T II CCO 570 CARILLON PKWY | | NAME STREET ADDRESS | Į Įg | seph P. | Caruson | e | | |
| City-St-Zip | SAINT PETERSBURG, FL 33716 | , | CITY-ST-ZIP | Sa | o Gerii int Pet | lon Pkwy ersburg, | FL 3. | 3716 | |
| TITLE | DCEO | ☐ Delete | TITLE | D | | | | X Change | ☐ Addition |
| NAME | CARTER, JOHN K P | | NAME |] | | | | _ • | |
| STREET ADDRESS CITY-ST-ZIP | 570 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 | • | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | certify that the information supplied with | | | L | in Chanter 119 | L Florida Statutes 1 | further certif | fy that the in | nformation |
| indicated of the cor | on this report or supplemental report is poration or the receiver or trustee empo, or on an attachment with an address, v | true and accurate and that r wered to execute this report | ny signature shall h as required by Ch | nave the | same legal effec | t as if made under | oath; that I ai | m an officer | or director |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dennis P. Gallagher, Director, Sr. Vice President & Secretary

4/21/08

727-299-1821

ATTACHMENT 40088333

TRANSAMERICA ASSET MANAGEMENT, INC. 570 Carillon Parkway Saint Petersburg, FL 33716

2008 For Profit Corporation Annual Report

Document #P96000077497

Additional Page

| 10. | Officers and Directors | 11. Additions/Changes to Officers & I | 11. Additions/Changes to Officers & Directors | | |
|-----|------------------------|---------------------------------------|---|--|--|
| | | SV CCO | X Addition | | |
| | | Rick B. Resnik | | | |
| | | 570 Carillon Pkwy | | | |
| | | Saint Petersburg, FL 33716 | | | |