

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90449 046 ***150.00

DOCUMENT # P96000077502

1. Entity Name
TRANSAMERICA FUND SERVICES, INC.



Principal Place of Business
**570 CARILLON PKWY
ST PETERSBURG, FL 33716-1202**

Mailing Address
**PO BOX 5068
CLEARWATER, FL 33758-5068**

60031340



2. Principal Place of Business

3. Mailing Address

04072006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3403587

Applied For
Not Applicable

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 33324-1202**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STAPLES, CHRISTOPHER A | |
| STREET ADDRESS | 570 CORILLOA PKWY | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | |
| TITLE | DSVC | <input type="checkbox"/> Delete |
| NAME | CARTER, JOHN K | |
| STREET ADDRESS | 570 CARILLON PKWY | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | |
| TITLE | SVT | <input checked="" type="checkbox"/> Delete |
| NAME | DAY, KIM D | |
| STREET ADDRESS | 570 CARILLON PKWY | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | |
| TITLE | DPCE | <input type="checkbox"/> Delete |
| NAME | SCOTT, BRIAN C | |
| STREET ADDRESS | 4333 EDGEWOOD ROAD N.E. | |
| CITY-ST-ZIP | CEDAR RAPIDS, IA 52499 | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | KEELAN, KYLE A | |
| STREET ADDRESS | 570 CARILLON PARKWAY | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SMITH, BRENDA | |
| STREET ADDRESS | 570 CARILLON PKWY | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 570 Carillon Pkwy | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/SV/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sterlacci, Carol A. | |
| STREET ADDRESS | 570 Carillon Pkwy | |
| CITY-ST-ZIP | Saint Petersburg, FL 33716 | |
| TITLE | D/P/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Reymann, T. Gregory II | |
| STREET ADDRESS | 570 Carillon Pkwy | |
| CITY-ST-ZIP | Saint Petersburg, FL 33716 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brightman, Glenn E. | |
| STREET ADDRESS | 570 Carillon Pkwy | |
| CITY-ST-ZIP | Saint Petersburg, FL 33716 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *T. Gregory Reymann, II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 727/299-1825

Date Daytime Phone #