

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

FILED  
Jun 05 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # F95000002033 (7)

1. Corporation Name

TRANSAMERICA JOINT VENTURES, INC.



|                                                                                                                     |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>TWO CONTINENTAL TOWERS<br>1701 GOLF ROAD SUITE 500<br>ROLLING MEADOWS IL 60008<br>US | Mailing Address<br>TWO CONTINENTAL TOWERS<br>1701 GOLF ROAD SUITE 500<br>ROLLING MEADOWS IL 60008-4227<br>US |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/26/1995                                                                                                                | 3a. Date of Last Report<br>02/02/1996 |
| 4. FEI Number<br>36-4013922                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                    |                                       |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees                                              |                                       |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                                                                                                                 |                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|-------------------------------------------------------------------|
| TITLE                      | PD CHARLTON, RUSSELL T <input checked="" type="checkbox"/> DELETE |
| NAME                       | 1701 GOLF ROAD                                                    |
| STREET ADDRESS             | ROLLING MEADOWS IL See attachment                                 |
| CITY-ST-ZIP                |                                                                   |
| TITLE                      | VS LACKEY, ROBERT E <input checked="" type="checkbox"/> DELETE    |
| NAME                       | 225 NORTH MICHIGAN AVE., STE 2200                                 |
| STREET ADDRESS             | CHICAGO IL                                                        |
| CITY-ST-ZIP                |                                                                   |
| TITLE                      | AS REYNOLDS, ROSALIE M <input type="checkbox"/> DELETE            |
| NAME                       | 1701 GOLF ROAD                                                    |
| STREET ADDRESS             | ROLLING MEADOWS IL                                                |
| CITY-ST-ZIP                |                                                                   |
| TITLE                      | V TOENISKOETTER, STEVEN J <input type="checkbox"/> DELETE         |
| NAME                       | 1701 GOLF ROAD                                                    |
| STREET ADDRESS             | ROLLING MEADOWS IL                                                |
| CITY-ST-ZIP                |                                                                   |
| TITLE                      | V PERRELLI, ROSARIO A <input type="checkbox"/> DELETE             |
| NAME                       | 1701 GOLF ROAD                                                    |
| STREET ADDRESS             | ROLLING MEADOWS IL                                                |
| CITY-ST-ZIP                |                                                                   |
| TITLE                      | V MOHR, JOHN J <input type="checkbox"/> DELETE                    |
| NAME                       | 1701 GOLF ROAD                                                    |
| STREET ADDRESS             | ROLLING MEADOWS IL                                                |
| CITY-ST-ZIP                |                                                                   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                   |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1.1 TITLE                                             | President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME                                              | James L. Schordinger                                                                              |
| 1.3 STREET ADDRESS                                    | Two Continental Towers, 1701 Golf Road                                                            |
| 1.4 CITY-ST-ZIP                                       | Rolling Meadows, IL 60008                                                                         |
| 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 do 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 \_\_\_\_\_

CR2E034 (9/96)

TRANSAMERICA JOINT VENTURES, INC.

| Name                   | Office                                      | Business Address                       |
|------------------------|---------------------------------------------|----------------------------------------|
| James L. Schoedinger   | President                                   | Two Continental Towers, 1701 Golf Road |
| Stephen G. Earhart     | Vice President                              | Two Ravinia Drive, Suite 400           |
| Steven J. Toenskoetter | Senior Vice President                       | Two Continental Towers, 1701 Golf Road |
| Rosario A. Perrelli    | Vice President - Controller                 | Two Continental Towers, 1701 Golf Road |
| Debra Wendt            | Vice President, Secretary & General Counsel | Two Continental Towers, 1701 Golf Road |
| John J. Mohr           | Vice President - Tax                        | Two Continental Towers, 1701 Golf Road |
| R. Scott Barber        | Vice President                              | Two Continental Towers, 1701 Golf Road |
| H. James Heritz        | Vice President                              | Two Continental Towers, 1701 Golf Road |
| John E. Peak           | Vice President                              | Two Continental Towers, 1701 Golf Road |
| Thomas J. Cohen        | Assistant Secretary                         | Two Continental Towers, 1701 Golf Road |
| Eileen M. Meyer        | Assistant Secretary                         | Two Continental Towers, 1701 Golf Road |
| Rosalie M. Reynolds    | Assistant Secretary                         | Two Continental Towers, 1701 Golf Road |
| <b>Directors</b>       |                                             |                                        |
| Steven A. Read         |                                             | 8309 W. Higgins Road, Suite 600        |
| James L. Schoedinger   |                                             | Two Continental Towers, 1701 Golf Road |
| Robert A. Watson       |                                             | 600 Montgomery Street                  |
|                        |                                             | Rosemont, IL 60018                     |
|                        |                                             | Rolling Meadows, IL 60008              |
|                        |                                             | San Francisco, CA 94111                |