

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90229 039 ***150.00

0661131 AT

DOCUMENT # F95000002033

1. Entity Name

TRANSAMERICA JOINT VENTURES, INC.



Principal Place of Business

**5595 TRILLIUM BLVD
HOFFMAN ESTATES IL 60192**

Mailing Address

**5595 TRILLIUM BLVD
HOFFMAN ESTATES IL 60192
US**

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 36-4013922

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

537976

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOENISKOETTER, STEVEN J	
STREET ADDRESS	5595 TRILLIUM BLVD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60192	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	PERRELLI, ROSARIO A	
STREET ADDRESS	5595 TRILLIUM BLVD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60192	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MOHR, JOHN J	
STREET ADDRESS	5595 TRILLIUM BLVD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60192	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	BARBER, R. SCOTT	
STREET ADDRESS	5595 TRILLIUM BLVD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60192	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 the empowered.

SIGNATURE:

S. Jacqueline J. Arnold
Jacqueline J. Arnold (Assistant Secretary)

03/17/03 (847) 747-6800

Date Daytime Phone #

CR2E034 (10/02)