

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __

. Cortiorale ID No.	2. Name of Corporation Transamerica Financial Advisors, Inc				
3. Street Address Principal Business Office 570 Carillon Parkway			St. Petersburg	State FL	^{Ζip} 33716
Business Phone No. 727-299-1769 5. State of Incorporation Delware				······································	
. Brief Description of the Charac Broker-Dealer	ter of Business Condu	cted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAG President Name Seth D. Miller			CHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name George Chuang		
Street Address 570 Carillon Parkway			Street Address 570 Carillon Parkway		
aly St. Petersburg	State FL	^{ズ頂} 33716	City St. Petersburg,	State FL	^{Zip} 33716
Secretary Name Franklyn J. Wollett			Treasurer Name George Chuang		
Street Address 570 Carillon Parkway			Street Address 570 Carillon Parkway		
ity St. Petersburg	State FL	^{Zip} 33716	St. Petersburg,	State FL	^{Ζφ} 33716
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Edith W. Craig			TACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMEN Director Name Seth D. Miller		
Street Address 570 Carillon Parkway			Street Address 570 Carillon Parkway		
St. Petersburg	State FL	<i>Zip</i> 33716	City St. Petersburg	State FL	^{Ζφ} 33716
Nirector Name William H. Geiger			Director Name		
Street Address 570 Carillon Parkway			Street Address		
ity St. Petersburg	State FL	^{Zip} 33716	City	State	Zip
. SHARES AUTHORIZED	,			("X" BOX FOR ATTAC CTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1,209	common	\$1.00
This report must be execu	ted on behalf of t	he corporation by an authorize	ed representative. If the coor trustee,	orporation is in the hand	ls of a receiver

	FILED	
File Date	JAN 1 1 2010	-
Check No. Bv:	By 30/147	
,	FOR SECRETARY OF STATE USE ONLY	_

	are and affirm that I have examined this report, hedules and statements, and that all statements
contained herein are true and co	Wollett 1/8/10
Signature	Date /
Franklyn J.	Wollett
Print or Type Name	
Secretary	
Title	Form 630 Rev. 08/08
	1 OHH 050 KCV. 00/00