


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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004932 (7)
 1. Corporation Name
THE PETERSEN COMPANIES, INC.



Principal Place of Business 227 WEST MONROE, STE 4200 CHICAGO IL 60605	Mailing Address 6420 WILSHIRE BLVD. ATTN:MS. MEL MANGUERA LOS ANGELES CA 90048
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/25/1996	
4. FEI Number 36-4099296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CFOD <input type="checkbox"/> DELETE
NAME	WILLIS, RICHARD
STREET ADDRESS	6420 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048
TITLE	VCD <input type="checkbox"/> DELETE
NAME	BLOCH, LAURENCE
STREET ADDRESS	6420 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048
TITLE	D <input type="checkbox"/> DELETE
NAME	BAHRENBURG, D. CLAEYS
STREET ADDRESS	6420 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048
TITLE	D <input type="checkbox"/> DELETE
NAME	VITALE, NEAL
STREET ADDRESS	6042 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES FL 90048
TITLE	D <input type="checkbox"/> DELETE
NAME	DUNNING, JAMES D JR
STREET ADDRESS	6042 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048
TITLE	D <input type="checkbox"/> DELETE
NAME	KARU, STAUERT
STREET ADDRESS	6420 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	500002430845
5.3 STREET ADDRESS	-02/16/98--01009--010
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director KARU, STAUERT
6.3 STREET ADDRESS	6420 WILSHIRE BLVD
6.4 CITY-ST-ZIP	LOS ANGELES CA 90048

14. 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 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 recorder 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 _____ DATE **2/2/98** (20)789-200

CR2E034 (10/97)