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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004932

1. Corporation Name
THE PETERSEN COMPANIES, INC.



Principal Place of Business
 227 WEST MONROE, STE 4200
 CHICAGO IL 60606

Mailing Address
 6420 WILSHIRE BLVD.
 ATTN:MS. MEL MANGUERA
 LOS ANGELES CA 90048

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

36-4099296

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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

FL

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 checked="" type="checkbox"/> DELETE
NAME	WILLIS, RICHARD	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	BLOCH, LAURENCE	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAHRENBURG, D. CLAEYS	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	KARU, STAURT	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN BAILLIE	
1.3 STREET ADDRESS	6420 WILSHIRE BLVD	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90048	
2.1 TITLE	PRESIDENT E.C.O.O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOM MOLONEY	
2.3 STREET ADDRESS	6420 WILSHIRE BLVD	
2.4 CITY-ST-ZIP	LOS ANGELES, CA 90048	
3.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID GRIEGSON	
3.3 STREET ADDRESS	6420 WILSHIRE BLVD	
3.4 CITY-ST-ZIP	LOS ANGELES, CA 90048	
4.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEVIN HAND	
4.3 STREET ADDRESS	6420 WILSHIRE BLVD	
4.4 CITY-ST-ZIP	LOS ANGELES, CA 90048	
5.1 TITLE	CHAIRMAN & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JAMES DUNNING JR	
5.3 STREET ADDRESS	6420 WILSHIRE BLVD	
5.4 CITY-ST-ZIP	LOS ANGELES, CA 90048	
6.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHRIS INNIS	
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BAILLIE 4/1/99 (323) 782-2000
 DATE: Daytime Phone #

CR2E034 (1/98)