

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90089 047 ***150.00

DOCUMENT # F96000004932

1. Entity Name

THE PETERSEN COMPANIES, INC.

Principal Place of Business

Mailing Address

227 WEST MONROE, STE 4200
 CHICAGO IL 60606

6420 WILSHIRE BLVD.
 ATTN:MS. MEL MANGUERA
 LOS ANGELES CA 90048-5502

00076649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4099296**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Delete
NAME	BAILLIE, JOHN	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	PCO CEO	<input type="checkbox"/> Delete
NAME	MOLONEY, TOM	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIEGSON, DAVID	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAND, DAVID	
STREET ADDRESS	6042 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES FL 90048	
TITLE	CEO	<input checked="" 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	INNIS, CHRIS	
STREET ADDRESS	6420 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90048	

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		
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	HAND KEVIN	
STREET ADDRESS	6420 WILSHIRE BLVD	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, MARCUS	
STREET ADDRESS	110 FIFTH AVE	
CITY-ST-ZIP	NEW YORK, NY 10011	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6420 WILSHIRE BLVD	
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Baillie
 JOHN BAILLIE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(323) 782-2000

Daytime Phone #