

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90228 003 ***158.75

DOCUMENT # : P32845

1. Entity Name
TEMPLETON CAPITAL ACCUMULATOR FUND, INC.

Principal Place of Business
500 E. BROWARD BLVD.
SUITE 2100
FT. LAUDERDALE FL 33394

Mailing Address
500 E. BROWARD BLVD.
SUITE 2100
FT. LAUDERDALE FL 33394

040040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State

City & State

4. FEI Number **59-3040143**

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

WEBER, LORI A
500 E. BROWARD BLVD.
STE. 2100
FT. LAUDERDALE FL 33394

Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 1200
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME	P MOTYL, GARY P	<input type="checkbox"/> Delete
STREET ADDRESS	500 E. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394-3091	
TITLE NAME	T ROSENGERG, BRUCE S	<input type="checkbox"/> Delete
STREET ADDRESS	500 E. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE NAME	D ASHTON, HARRIS J	<input type="checkbox"/> Delete
STREET ADDRESS	191 CLAPBOARD RIDGE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE NAME	AT DEBELLIS, KAREN P	<input type="checkbox"/> Delete
STREET ADDRESS	100 FOUNTAIN PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE NAME	AT SIMS, CHARLES R	<input type="checkbox"/> Delete
STREET ADDRESS	1810 GATEWAY DRIVE	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE NAME	VD JOHNSON, CHARLES E	<input type="checkbox"/> Delete
STREET ADDRESS	777 MARINERS ISLAND BLVD.	
CITY-ST-ZIP	SAN MATEO CA 94404-1585	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500 East Broward Blvd., Suite 1200	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394-3091	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AT SIMS, CHARLES R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE FRANKLIN PARKWAY	
CITY-ST-ZIP	SAN MATEO, CA 94403-1906	
TITLE NAME	V/D JOHNSON, CHARLES E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE FRANKLIN PARKWAY	
CITY-ST-ZIP	SAN MATEO, CA 94403-1906	

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: *Lori Weber* **REQUIRED** **LORI A. Weber**

Date **4/26/02** Daytime Phone # **(954) 847-2283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)