

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90295 015 \*\*\*\*55.00

**DOCUMENT # M01000001218**

1. Entity Name

**TEMPLETON INVESTMENT COUNSEL, LLC**

Principal Place of Business

**500 E. BROWARD BLVD., STE. 2100  
FT LAUDERDALE FL 33394-3091**

Mailing Address

**500 E. BROWARD BLVD., STE. 2100  
FT LAUDERDALE FL 33394-3091**

**955086**

2. Principal Place of Business

3. Mailing Address

**500 E. BROWARD BLVD., STE. 2100**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ATTN: LEGAL DEPT.**

City & State

City & State

**FT. LAUDERDALE, FL**

4. FEI Number

**94-3385113**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33394-3091**

**USA**

5. Certificate of Status Desired

☒ K

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEIDMAN, LAURA R  
500 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33394-3091**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
TEMPLETON WORLDWIDE, INC.  
500 E. BROWARD BLVD., SUITE 2100  
FT. LAUDERDALE, FL 33394-3091**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Leslie M. Kratter, Secretary**  
**Templeton Worldwide, Inc.**

**4/12/02**

**650-312-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #