

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90487 019 \*\*\*150.00

UBR 1/9/00

**DOCUMENT # 842108**

1. Entity Name  
**VAN KAMPEN FUNDS INC.**

Principal Place of Business Mailing Address  
**ONE PARKVIEW PLAZA ONE PARKVIEW PLAZA**  
**OAKBROOK TERRACE IL 60181 OAKBROOK TERRACE IL 60181**

2. Principal Place of Business Suite, Apt. #, etc.  
**P.O. Box 5555**  
 City & State **P.O. Box 5555**  
 City & State

Zip Country Zip Country  
**60181-5555** **60181-5555**

4. FEI Number **36-2811402** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT-CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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, 2001 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 STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>POWERS, RICHARD F III</b> <b>ONE PARKWAY PLAZA</b> <b>OAKBROOK TERRACE IL 60181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZIMMERMANN, JOHN H</b> <b>ONE PARKVIEW PLAZA</b> <b>OAKBROOK TERRACE IL 60181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>SMITH, A THOMAS</b> <b>1 PARKVIEW PLAZA</b> <b>OAKBROOK TERRACE IL 60181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>SANTO, MICHAEL H</b> <b>ONE PARKWAY PLAZA</b> <b>OAKBROOK TERRACE IL 60181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SAUCEDO, COLETTE M</b> <b>2800 POST ONE BLVD.</b> <b>HOUSTON TX 77056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>1 Parkview Plaza, P.O. Box 5555</b> <b>60181-5555</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>1 Parkview Plaza, P.O. Box 5555</b> <b>60181-5555</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/S/D</b> <b>1 Parkview Plaza, P.O. Box 5555</b> <b>60181-5555</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/D</b> <b>1 Parkview Plaza, P.O. Box 5555</b> <b>60181-5555</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, and Director of Taxes</b> <b>Gwen L. Shaneyfelt</b> <b>1 Parkview Plaza, P.O. Box 5555</b> <b>Oakbrook Terrace, IL 60181-5555</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Gwen L. Shaneyfelt**

Date **3/8/01** Daytime Phone # **630-684-6379**

CR2E034 (10/00)