

2002 UNIFORM BUSINESS REPORT (UBR)

0003138 AV

DOCUMENT # A98000000339
1. Entity Name
 WESTPORT ADVISORS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 MAY -2 PM 3:44
W/S 5/17

Principal Place of Business
 3801 PGA BLVD
 SUITE 805
 PALM BEACH GARDENS FL 33410

Mailing Address
 3801 PGA BLVD
 SUITE 805
 PALM BEACH GARDENS FL 33410



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0821359
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 GARY, JOHN W III
 701 U.S. HIGHWAY ONE, SUITE 402
 NORTH PALM BEACH FL 33408

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.

9. Capital Contributions as Shown on record. \$348,000.00
10. Amount of Capital Contributions in FLORIDA to date. 348,000.00
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L99000000056
NAME	WESTPORT ASSET MANAGEMENT, LLC
STREET ADDRESS	3801 PGA BLVD SUITE 805
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200005577732--8
CITY-ST-ZIP	-05/21/02--01071--021 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 By: WESTPORT ASSET MANAGEMENT, LLC, ITS GENERAL PARTNER

CR2E003 (9/01)