

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90229 043 ***158.75

0347718 AV

DOCUMENT # F94000002193

1. Entity Name
TEMPLETON EMERGING MARKETS APPRECIATION FUND, INC.

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0469124**

Applied For
Not Applicable

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

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, 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 **D** ☐ Delete
NAME **ASHTON, HARRIS J**
STREET ADDRESS **191 CLAPBOARD RIDGE**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 East Broward Blvd., Suite 1200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33394-3091**

TITLE **AT** ☐ Delete
NAME **DEBELLIS, KAREN P**
STREET ADDRESS **100 FOUNTAIN PARKWAY**
CITY-ST-ZIP **ST. PETERSBURG FL 33716-1205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROSENBERG, BRUCE S**
STREET ADDRESS **500 E. BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **JOHNSON, CHARLES E**
STREET ADDRESS **777 MARINERS ISLAND BLVD.**
CITY-ST-ZIP **SAN MATEO CA 94404-1585**

TITLE ☒ Change ☐ Addition
NAME **JOHNSON, CHARLES E.**
STREET ADDRESS **ONE FRANKLIN PARKWAY**
CITY-ST-ZIP **SAN MATEO, CA 94403-1906**

TITLE **SV** ☐ Delete
NAME **GREEN, BARBARA J**
STREET ADDRESS **777 MARINERS ISLAND BLVD.**
CITY-ST-ZIP **SAN MATEO CA 94404-1585**

TITLE ☒ Change ☐ Addition
NAME **GREEN, BARBARA J.**
STREET ADDRESS **ONE FRANKLIN PARKWAY**
CITY-ST-ZIP **SAN MATEO, CA 94403-1906**

TITLE **D** ☐ Delete
NAME **HOLIDAY, EDITH E**
STREET ADDRESS **3239 38TH STREET, NW**
CITY-ST-ZIP **WASHINGTON DC 20016**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 East Broward Blvd., Suite 1200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33394-3091**

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 A. Weber* **REQUIRED** **Lori A. Weber**

4/26/02 **(954) 847-2283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)