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Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F96000004932

1. Corporation Name
THE PETERSEN COMPANIES, INC.



| | |
|--|---|
| Principal Place of Business 227 WEST MONROE, STE 4200 CHICAGO IL 60606 | Mailing Address 6420 WILSHIRE BLVD. ATTN:MS. MEL MANGUERA LOS ANGELES CA 90048 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|-------------------------|---|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 09/25/1996 | 4. FEI Number 36-4099296 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required. | |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 23. Zip | 28. Zip | 29. Country | 30. Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | CFOD | 1.1 TITLE | CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIS, RICHARD | 1.2 NAME | JOHN BAILLIE |
| STREET ADDRESS | 6420 WILSHIRE BLVD. | 1.3 STREET ADDRESS | 6420 WILSHIRE BLVD |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | 1.4 CITY-ST-ZIP | LOS ANGELES, CA 90048 |
| TITLE | VCD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PRESIDENT E.C.OO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLOCH, LAURENCE | 2.2 NAME | TOM MOLONEY |
| STREET ADDRESS | 6420 WILSHIRE BLVD. | 2.3 STREET ADDRESS | 6420 WILSHIRE BLVD |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | 2.4 CITY-ST-ZIP | LOS ANGELES, CA 90048 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAHRENBURG, D. CLAEYS | 3.2 NAME | DAVID GRIEGSON |
| STREET ADDRESS | 6420 WILSHIRE BLVD. | 3.3 STREET ADDRESS | 6420 WILSHIRE BLVD |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | 3.4 CITY-ST-ZIP | LOS ANGELES, CA 90048 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VITALE, NEAL | 4.2 NAME | KEVIN HAND |
| STREET ADDRESS | 6042 WILSHIRE BLVD. | 4.3 STREET ADDRESS | 6420 WILSHIRE BLVD |
| CITY-ST-ZIP | LOS ANGELES FL 90048 | 4.4 CITY-ST-ZIP | LOS ANGELES, CA 90048 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | CHAIRMAN & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNNING, JAMES D JR | 5.2 NAME | JAMES DUNNING JR |
| STREET ADDRESS | 6042 WILSHIRE BLVD. | 5.3 STREET ADDRESS | 6420 WILSHIRE BLVD |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | 5.4 CITY-ST-ZIP | LOS ANGELES, CA 90048 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KARU, STAURT | 6.2 NAME | CHRIS INNIS |
| STREET ADDRESS | 6420 WILSHIRE BLVD. | 6.3 STREET ADDRESS | 6420 WILSHIRE BLVD |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | 6.4 CITY-ST-ZIP | LOS ANGELES, CA 90048 |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BAILLIE 4/1/99 (323) 782-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)