

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 15, 2001 8:00 am
Secretary of State

01-31-2001 90197 022 ***150.00

DOCUMENT # F97000000301

1. Entity Name
BANCO DE CHILE INCORPORATED

Principal Place of Business
**AHUMADA 251
SANTIAGO CHILE**

Mailing Address
**200 S BISCAYNE BLVD
2700
MIAMI FL 33131**

31400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3915662		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-3915662		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULIN-ZEUTHEN, SEGISMUNDO AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER MATIAS HERREA 200 S. Biscayne Blvd. Suite # 200 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAVIN, CARLOS E AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNEO, JUAN AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANO, CARLOS A AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CARLOS A AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, MAXIMO AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Matias Herrera **General Manager** 1/26/01 305-3746460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (10/00)