## ~2064 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # F99000002547 HANSBERGER GLOBAL INVESTORS. INC. Mailing Address Principal Place of Business STE 1300, 515 EAST OLAS BLVD STE 1300, 515 EAST OLAS BLVD FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 02112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0913817 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HANSBERGER, THÓMAS L NAME 515 EAST OLAS BLVD., STE 1300 STREET ADDRESS U00000069877 CITY-ST-ZIP FORT LAUDERDALE, FL 03/01/04-80026-011 150.00 VDS SCOTT, KIMBERLEY NAME 515 EAST OLAS BLVD., STE 1300 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL TITLE JACKSON, J C NAME STREET ADDRESS 515 EAST OLAS BLVD., STE 1300 DO NOT WRITE FORT LAUDERDALE, FL CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIE TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED