2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2002 8:00 am § Secretary of State P18098 DOCUMENT # 1. Entity Name TEMPLETON GLOBAL INCOME FUND, INC. 05-07-2002 90228 001 ***158.75 Principal Place of Business Mailing Address 500 E. BROWARD BLVD. 500 E. BROWARD BLVD. SUITE 2100 --SUITE 2100 - 1 FT. LAUDERDALE FL 33394 FT. LAUDERDALE FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite 1200 Suite. Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 1200 City & State City & State 4. FEI Number Applied For 22-2864496 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBER, LORI A Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD. STE. 2100~ Suite 1200 FT. LAUDERDALE FL 33394 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) Delete TITLE ☐ Addition ASHTON, HARRIS J NAME NAME 191 CLAPBOARD RIDGE STREET ADDRESS 500 East Broward Blvd., Suite 1200 STREET ADDRESS **GREENWICH CT 06830** CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33394-3091 TITLE ☐ Delete TITLE Change ☐ Addition ROSENBERG, BRUCE S NAME NAME 500 E. BROWARD BLVD. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33394 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DEBELLIS, KAREN P NAME NAME STREET ADDRESS 100 FOUNTAIN PARKWAY STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716-1205 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MCGOWAN, GREGORY E NAME NAME 500 E. BROWARD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33394 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/02 (954) 847-2283

FILED