2002 UNIFORM BUSINESS REPORT (UBR)

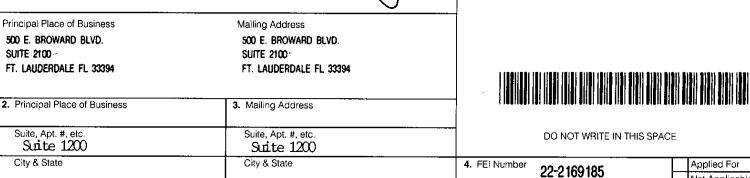
P18582 DOCUMENT # 1. Entity Name TEMPLETON FUNDS, INC.

Country

May 07, 2002 8:00 am §
Secretary of State FILED

05-07-2002 90228 004 ***158.75

X



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBER, LORI A Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD. STE. 2100 Suite 1200

Country

FT. LAUDERDALE FL 33394 City 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
This corporation is aligible to esticfulto intensible	EII E	NOWILL EEE IS \$150.00	

Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State

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10. Election Campaign Financing Trust Fund Contribution.

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 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 ASHTON, HARRIS J NAME NAME 191 CLAPBOARD RIDGE STREET ADDRESS STREET ADDRESS **GREENWICH CT 06830** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition DEBELLIS, KAREN P NAME NAME 100 FOUNTAIN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716-1205 CITY-ST-ZIP VS v/s ☐ Delete TITLE TITLE K Change ☐ Addition GREEN, BARBARA J NAME NAME GREEN, BARBARA J. 777 MARINERS ISLAND BLVD. STREET ADDRESS STREET ADDRESS ONE FRANKLIN PARKWAY SAN MATEO CA 94404-1585 CITY-ST-7IP CITY-ST-ZIP SAN MATEO, CA 94403-1906 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Zip