

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18585

1. Entity Name
TEMPLETON GLOBAL SMALLER COMPANIES FUND, INC.

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

05-07-2002 90229 049 ***158.75

Principal Place of Business
500 E. BROWARD BLVD.
SUITE 2100
FT. LAUDERDALE FL 33394

Mailing Address
500 E. BROWARD BLVD.
SUITE 2100
FT. LAUDERDALE FL 33394



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State

City & State

4. FEI Number 59-2098933

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, LORI A
500 E BROWARD BLVD
SUITE 2100
FT. LAUDERDALE FL 33394

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1200

City

FL

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JOHNSON, CHARLES B 777 MARINERS ISLAND BLVD SAN MATEO CA 94404-1585 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHTON, HARRIS J 191 CLAPBOARD RIDGE GREENWICH CT 06830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CHARLES E 777 MARINERS ISLAND BLVD SAN MATEO CA 94404-1585 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DEBELLIS, KAREN P 100 FOUNTAIN PARKWAY ST. PETERSBURG FL 33716-1205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SIMS, CHARLES R 1810 GATEWAY DRIVE SAN MATEO CA 94404-1585 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GOSS, DAVID P 777 MARINERS ISLAND BLVD SAN MATEO CA 94404-1585 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/C/D JOHNSON, CHARLES B. ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 East Broward Blvd., Suite 1200 Ft. Lauderdale, FL 33394-3091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CHARLES E. ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SIMS, CHARLES R. ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS GOSS, DAVID P. ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lori A Weber **REQUIRED** Weber

4/26/02

(954) 847-2283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)