

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24706

FILED
Apr 15, 2009
Secretary of State

Entity Name: FRANKLIN/TEMPLETON DISTRIBUTORS, INC.

Current Principal Place of Business:

ONE FRANKLIN PARKWAY
SAN MATEO, CA 944031906

New Principal Place of Business:

ONE FRANKLIN PARKWAY
SAN MATEO, CA 944031906 US

Current Mailing Address:

ONE FRANKLIN PARKWAY
LEGAL SM920/2
SAN MATEO, CA 944031906

New Mailing Address:

ONE FRANKLIN PARKWAY
LEGAL SM920/2
SAN MATEO, CA 944031906 US

FEI Number: 13-5599989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: STEVEN, GRAY J
Address: ONE FRANKLIN PKWY
City-St-Zip: SAN MATEO, CA 944031906

Title: P () Delete
Name: JONES, PETER D
Address: 140 FOUNTAIN PKWY.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SV () Delete
Name: GEPPNER, ROBERT M
Address: 140 FOUNTAIN PKWY.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SV () Delete
Name: GRIP, DANIEL R
Address: 140 FOUNTAIN PKWY.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SV () Delete
Name: EPSTEIN, JOSEPH L JR.
Address: 140 FOUNTAIN PKWY.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SV () Delete
Name: ESCOBEDO, JIMMY A
Address: 140 FOUNTAIN PKWY.
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN GRAY

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date