

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90083 040 \*\*\*150.00

**DOCUMENT # F97000000301**

1. Entity Name  
**BANCO DE CHILE INCORPORATED**

Principal Place of Business Mailing Address  
**AHUMADA 251 200 S BISCAYNE BLVD**  
**SANTIAGO CHILE 2700**  
**MIAMI FL 33131-2305**

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-2999556</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CORPORATION COMPANY OF MIAMI</b> <b>1500 MIAMI CENTER</b> <b>201 S. BISCAYNE BLVD.</b> <b>MIAMI FL 33131</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input type="checkbox"/> Delete		TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANDULFO, ADOLFO R			NAME	SCHULIN-ZEUTHEN, SEGISMUNDO		
STREET ADDRESS	LA PEROUSE 5281			STREET ADDRESS	AHUMADA 251		
CITY-ST-ZIP	VITACURA SANTIAGO CHILE			CITY-ST-ZIP	SANTIAGO, CHILE		
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	D/V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNOZ, MARIO V			NAME	LAVIN, CARLOS E		
STREET ADDRESS	CAMINO LAS FLORES 10.221			STREET ADDRESS	AHUMADA 251		
CITY-ST-ZIP	LAS CONDES SANTIAGO CHILE			CITY-ST-ZIP	SANTIAGO, CHILE		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLARI, JUAN C			NAME	CUNEO, JUAN		
STREET ADDRESS	AV EL BOSQUE 333 DEPTO 81			STREET ADDRESS	AHUMADA 251		
CITY-ST-ZIP	PROVIDENCIA SANTIAGO CHILE			CITY-ST-ZIP	SANTIAGO, CHILE		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARME, ALFREDO M			NAME	DELANO, CARLOS A		
STREET ADDRESS	AV LAS CONDES 11.768			STREET ADDRESS	AHUMADA 251		
CITY-ST-ZIP	LAS CONDES SANTIAGO CHILE			CITY-ST-ZIP	SANTIAGO, CHILE		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, GUILLERMO T			NAME	MORENO, CARLOS A		
STREET ADDRESS	CONCEPCION 7618			STREET ADDRESS	AHUMADA 251		
CITY-ST-ZIP	LA FLORIDA SANTIAGO CHILE			CITY-ST-ZIP	SANTIAGO, CHILE		
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELANO ABBOTT, CARLOS A			NAME	SILVA, MAXIMO		
STREET ADDRESS	PIEDRA ROJA 1460			STREET ADDRESS	AHUMADA 251		
CITY-ST-ZIP	LOS DOMINICOS SANTIAGO CHILE			CITY-ST-ZIP	SANTIAGO, CHILE		

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: MATIAS HERRERA **GENERAL MANAGER** Date: 3/10/00 Telephone #: (305) 378-6460