

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 15, 2001 8:00 am
Secretary of State

01-31-2001 90197 022 ***150.00

DOCUMENT # F97000000301

1. Entity Name
BANCO DE CHILE INCORPORATED

Principal Place of Business AHUMADA 251 SANTIAGO CHILE	Mailing Address 200 S BISCAYNE BLVD 2700 MIAMI FL 33131
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31400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-399556 13-3915662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 1500 MIAMI CENTER
 201 S. BISCAYNE BLVD.
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001-Fee will be \$530.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULIN-ZEUTHEN, SEGISMUNDO AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAVIN, CARLOS E AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNEO, JUAN AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANO, CARLOS A AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CARLOS A AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, MAXIMO AHUMADA 251 SANTIAGO, CHILE <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MATIAS HERREA 200 S. Biscayne Blvd. Suite # 200 MIAMI, FL 33131 <input 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	<input 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	<input 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: Matias Herrera **General Manager** **1/26/01** **305-3796460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (10/00)