

1.) CORPORATION NAME:

Franklin Templeton Portfolio Advisors, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1090291**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE FRANKLIN PKWY

CITY/ST/ZIP: SAN MATEO, CA 94403-1906

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRICK J. MCCALL
TITLE: PRESIDENT
ADDRESS: 500 E. BROWARD BLVD.
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33394-

OFFICER

DIRECTOR

NAME: KENNETH A. LEWIS
TITLE: CFO
ADDRESS: ONE FRANKLIN PARKWAY
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-

OFFICER

DIRECTOR

NAME: CRAIG S. TYLE
TITLE: CLO
ADDRESS: ONE FRANKLIN PARKWAY
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-

OFFICER

DIRECTOR

NAME: MADISON S. GULLEY
TITLE: EXECUTIVE VP
ADDRESS: 500 E. BROWARD BLVD.
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33394-

OFFICER

DIRECTOR

NAME: JOHN COATES
TITLE: VICE PRESIDENT
ADDRESS: 500 E. BROWARD BLVD.
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33394-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACOB CHU VICE PRESIDENT ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL GUI VICE PRESIDENT ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN REITMAN VICE PRESIDENT 500 E. BROWARD BLVD. FORT LAUDERDALE, FL 33394-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS RUNKEL VICE PRESIDENT ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AVINASH SATWALEKAR VICE PRESIDENT ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GINA SCAVETTA VICE PRESIDENT 500 E. BROWARD BLVD. FORT LAUDERDALE, FL 33394-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GWEN L. SHANEYFELT VICE PRESIDENT 500 E. BROWARD BLVD. FORT LAUDERDALE, FL 33394-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY RICHARD SNYDER VICE PRESIDENT ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA LEE ASSISTANT VP ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK L. CONSTANT TREASURER ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARIA GRAY TITLE: SECRETARY ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ALISON E. BAUR TITLE: ASST SECRETARY ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN M. LUSK TITLE: DIRECTOR ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GARY P. MOTYL TITLE: DIRECTOR ADDRESS: 500 E. BROWARD BLVD. CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33394-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP PORTERA TITLE: DIRECTOR ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT LIM TITLE: CCO ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRANK M. FELICELLI TITLE: CEO ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ MARIA GRAY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARIA GRAY, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
3/24/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	