

1.) CORPORATION NAME:

**Franklin Templeton Portfolio Advisors, Inc.**

DUE DATE: **3/31/2012**

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: FRANK M. FELICELLI  
TITLE: CEO  
ADDRESS: ONE FRANKLIN PARKWAY  
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-

OFFICER

DIRECTOR

NAME: PATRICK J. MCCALL  
TITLE: PRESIDENT  
ADDRESS: 300 S.E. SECOND STREET  
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301-

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: ROBERT LIM  
TITLE: CCO  
ADDRESS: ONE FRANKLIN PARKWAY  
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADISON S. GULLEY EXECUTIVE VP 300 S.E. SECOND STREET FORT LAUDERDALE, FL 33301-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN COATES VICE PRESIDENT 300 S.E. SECOND STREET FORT LAUDERDALE, FL 33301-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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 300 S.E. SECOND STREET FORT LAUDERDALE, FL 33301-	<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 300 S.E. SECOND STREET FORT LAUDERDALE, FL 33301-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GWEN L. SHANEYFELT 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:	JEFFREY RICHARD SNYDER VICE PRESIDENT ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PATRICIA LEE TITLE: ASSISTANT VP ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: SAN MATEO, CA 94403-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARK L. CONSTANT TITLE: TREASURER ADDRESS: ONE FRANKLIN PARKWAY CITY/ST/ZIP/CO: 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: 300 S.E. SECOND STREET CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301-	<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
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
3/19/2012 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.	