

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 046 ***150.00

DOCUMENT # F00000001331

1. Entity Name
NAVIGANT CONSULTING, INC.

Principal Place of Business Mailing Address
615 NORTH WABASH **615 NORTH WABASH**
CHICAGO IL 60611 **CHICAGO IL 60611**

C0058104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-4094854		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	TITLE	PCDCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, JOHN		NAME	William M. Goodyear	
STREET ADDRESS	615 NORTH WABASH		STREET ADDRESS	615 N. Wabash Ave.	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611-2713	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	EVPCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARANOW, MITCH		NAME	Ben W. Perks	
STREET ADDRESS	615 NORTH WABASH		STREET ADDRESS	615 N. Wabash Ave.	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611-2713	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPETZLER, CARL		NAME	Samuel K. Skinner	
STREET ADDRESS	615 NORTH WABASH		STREET ADDRESS	615 N. Wabash Ave.	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611-2713	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLMAN, JIM		NAME	Peter B. Pond	
STREET ADDRESS	615 NORTH WABASH		STREET ADDRESS	615 N. Wabash Ave.	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611-2713	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPTOE, PHILIP		NAME	Thomas A. Glidehaus	
STREET ADDRESS	615 NORTH WABASH		STREET ADDRESS	615 N. Wabash Ave.	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611-2713	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES R		NAME	Carl S. Spetzler	
STREET ADDRESS	615 NORTH WABASH		STREET ADDRESS	615 N. Wabash Ave.	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611-2713	

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: Philip P. Steptoe Philip P. Steptoe 04/10/01 (312) 573-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)