

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90041 033 \*\*\*150.00



**DOCUMENT # F00000001331**  
**1. Entity Name**  
 NAVIGANT CONSULTING, INC.

**Principal Place of Business**  
 615 NORTH WABASH  
 CHICAGO, IL 60611

**Mailing Address**  
 615 NORTH WABASH  
 CHICAGO, IL 60611



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

**City & State**

**4. FEI Number**  
 36-4094854

**Applied For**  
 Not Applicable

**Zip** **Country**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PCED <input type="checkbox"/> Delete
<b>NAME</b>	GOODYEAR, WILLIAM M
<b>STREET ADDRESS</b>	615 NORTH WABASH
<b>CITY-ST-ZIP</b>	CHICAGO, IL 606112713
<b>TITLE</b>	VCFO <input type="checkbox"/> Delete
<b>NAME</b>	PERKS, BEN W
<b>STREET ADDRESS</b>	615 NORTH WABASH
<b>CITY-ST-ZIP</b>	CHICAGO, IL 606112713
<b>TITLE</b>	D <input type="checkbox"/> Delete
<b>NAME</b>	JARRETT, VALERIE
<b>STREET ADDRESS</b>	615 NORTH WABASH
<b>CITY-ST-ZIP</b>	CHICAGO, IL 606112713
<b>TITLE</b>	D <input type="checkbox"/> Delete
<b>NAME</b>	SKINNER, SAMUEL K
<b>STREET ADDRESS</b>	615 N WABASH AVE
<b>CITY-ST-ZIP</b>	CHICAGO, IL 606112713
<b>TITLE</b>	VS <input type="checkbox"/> Delete
<b>NAME</b>	STEPTOE, PHILIP
<b>STREET ADDRESS</b>	615 NORTH WABASH
<b>CITY-ST-ZIP</b>	CHICAGO, IL 60611
<b>TITLE</b>	D <input type="checkbox"/> Delete
<b>NAME</b>	THOMPSON, JAMES R
<b>STREET ADDRESS</b>	615 NORTH WABASH
<b>CITY-ST-ZIP</b>	CHICAGO, IL 60611

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	VCOO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Howard, Julie M
<b>STREET ADDRESS</b>	615 N Wabash Ave
<b>CITY-ST-ZIP</b>	Chicago, IL 60611-2713
<b>TITLE</b>	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Stoecklein, Jeffrey H
<b>STREET ADDRESS</b>	615 N Wabash Ave
<b>CITY-ST-ZIP</b>	Chicago, IL 60611-2713
<b>TITLE</b>	VCON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Pardun, David E
<b>STREET ADDRESS</b>	615 N Wabash Ave
<b>CITY-ST-ZIP</b>	Chicago, IL 60611-2713
<b>TITLE</b>	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Gildehaus, Thomas A
<b>STREET ADDRESS</b>	615 N Wabash Ave
<b>CITY-ST-ZIP</b>	Chicago, IL 60611-2713
<b>TITLE</b>	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Pond, Peter B
<b>STREET ADDRESS</b>	615 N Wabash Ave
<b>CITY-ST-ZIP</b>	Chicago, IL 60611-2713
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with another, or empowered.**

**SIGNATURE:** Philip P. Steptoe **Philip P. Steptoe** 01/09/04 **312-573-5600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #