## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0100001335

1. Entity Name

**ERNST & YOUNG CORPORATE FINANCE LLC** 

|  |   |  |  | <b>1</b> /                 |                           |               |  |                          |  |
|--|---|--|--|----------------------------|---------------------------|---------------|--|--------------------------|--|
| Principal Place of Business<br>725 SOUTH FIGUEROA ST.<br>LOS ANGELES CA 90017-5418 |   | Mailing Address 725 SOUTH FIGUEROA ST. LOS ANGELES CA 90017-5418 |  |                            |                           | 969           | 634  |                          |  |
| 2. Principal Place of Business 3. Mailing  |   | 3. Mailing Address   | Mailing Address  |                            |                           |               |  |                          |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |                            | DO NOT WRIT               | TE IN THIS SF | ACE  |                          |  |
| City & State   |   | City & State   |  | 4. FEI Num                 | <sup>ber</sup> 74-297762  | 27            |  | pplied For ot Applicable |  |
| Zip  | Country   | Zip  | Country  | 5. Certifica               | te of Status Desired      |               | 5.00 Ad                                      |                          |  |
|  | 6. Name and Address of Current F  | legistered Agent   |  | 7. Name ar                 | nd Address of New R       | egistered Ag  | ent  |                          |  |
|  |   |  |  |                            |                           |               |  |                          |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324       |   |  | Street Add   | iress (P.O. Box Num        | ber is Not Acceptable     | 9)            |  |                          |  |
|  |   | •  | City   |                            |                           | FL            | Zip Coc                                      | je                       |  |
|  | named entity submits this statement for                                       | the purpose of changing its                                      | registered office or re  | egistered agent, or b      | ooth, in the State of Flo | orida.        | <u>,                                    </u> |                          |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent a                        | nd title if applicable. (NOTE                                    | : Registered Agent signature                                     | required when reinstating) |                           | DATE          |  | <del></del> . ]          |  |
| <b>9.</b>  | MANAGING MEMBER   | Make Check Pa  | OW!!!: FEE IS \$50<br>yable to Departm<br>DBy,May 1, 2002<br>10. | ent of State               | ADDITIONS/                | CHANGES       |  |                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | President<br>Peter H. Griffith<br>725 South Figueroa S<br>Los Angeles, CA 900 |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                            |                           |               | Change                                       | ☐ Addition               |  |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP  | Director Peter M. Schwab 233 S. Wacker Drive Chicago, IL 60606-630            | ☐ Delete<br>(Sears Tower)  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                            |                           | ĺ             | Change                                       | Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | Director C.Kenneth White 5 Times Square New York, NY 10036-6                  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                            |                           |               | Change                                       | ☐ Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST+ZIP                                     |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                            |                           | [             | Change                                       | Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHTY-ST-ZIP                                     |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-2IP                            | i                          |                           | [             | Change                                       | Addition                 |  |
| NTLE<br>VAME   |   | ☐ Delete   | TITLE<br>NAME  |                            |                           |               | ☐ Change                                     | ☐ Addition               |  |

11. 1 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

oter H sufferty

06-24-02 43/977-3939

**FILED** 

Jul 01, 2002 8:00 am Secretary of State 07-01-2002 90355 017 \*\*\*\*50.00