

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003355 1. Entity Name HURON CONSULTING SERVICES LLC	
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Principal Place of Business 550 WEST VAN BUREN STREET CHICAGO, IL 60607	Mailing Address 550 WEST VAN BUREN STREET CHICAGO, IL 60607
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DO NOT WRITE IN THIS SPACE



04112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0666453	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____

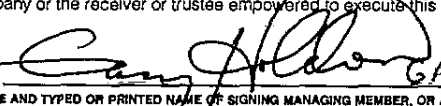
**Filing Fee is \$50.00
Due by May 1, 2005**

11000000314430
04/18/05-80166-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDREN, GARY E 550 W VAN BUREN STREET CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSARO, GEORGE E 550 W VAN BUREN STREET CHICAGO, IL 60607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **GARY E. HOLDREN** **4/13/2005** **(312) 583-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #