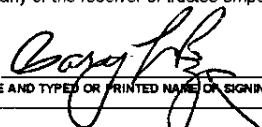


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90029 047 ****50.00

DOCUMENT # M02000003355 1. Entity Name HURON CONSULTING SERVICES LLC					
Principal Place of Business 550 WEST VAN BUREN STREET CHICAGO, IL 60607				Mailing Address 550 WEST VAN BUREN STREET CHICAGO, IL 60607	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDREN, GARY E 550 W VAN BUREN STREET CHICAGO, IL 60607	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER HURON CONSULTING GROUP HOLDINGS LLC 550 W VAN BUREN STREET CHICAGO, IL 60607
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSARO, GEORGE E 550 W VAN BUREN STREET CHICAGO, IL 60607	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 L. BURGE, VP/CFO HURON CONSULTING GROUP HOLDINGS LLC		4/21/06 (312) 583-8700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					