

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000005463

Entity Name: WEST MONROE PARTNERS, LLC**Current Principal Place of Business:**1000 WILSHIRE BLVD
SUITE 1100
LOS ANGELES, CA 90017**Current Mailing Address:**1000 WILSHIRE BLVD
SUITE 1100
LOS ANGELES, CA 90017 US**FEI Number:** 75-3043995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PAULEN, BRIAN
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name KETTEMAN, CHUCK
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name FISCHER, DEAN
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name ARMSTRONG, DOUGLAS
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name MERMELSTEIN, GIL
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name KAY, HOLLY
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name MCCARTY, KEVIN
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name ULERY, NATHAN
Address 1000 WILSHIRE BLVD
SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN PAULEN

MANAGER

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name STELTER, SUSAN
Address 1000 WILSHIRE BLVD
 SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name HULSEBOSCH, TOM
Address 1000 WILSHIRE BLVD
 SUITE 1100
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER
Name BOLGER, TOM
Address 1000 WILSHIRE BLVD
 SUITE 1100
City-State-Zip: LOS ANGELES CA 90017