

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003927

Entity Name: ACCENTURE INC.**Current Principal Place of Business:**161 N. CLARK STREET
CHICAGO, IL 60601**Current Mailing Address:**161 N. CLARK STREET
CHICAGO, IL 60601**FEI Number:** 52-2330726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name SWEET, JULIE SPELLMAN
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title SECRETARY, DIRECTOR
Name ROBERTS, RONALD J
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title TREASURER
Name AHLSTROM, SCOTT K
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title ASSISTANT TREASURER
Name KOWLES, BRIAN J
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title VP
Name BOWEN , KAREN L
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title ASSISTANT SECRETARY
Name UNRUCH , JOEL
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title VP
Name EPPLEY, DINA
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

Title VP, DIRECTOR
Name SHACHOY , N. JAMES
Address 161 N. CLARK STREET
City-State-Zip: CHICAGO IL 60601

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: SWEET , JULIE SPELLMAN**PRESIDENT, BY: DIANE 04/30/2018**
CHICHESTER, ATTORNEY-
IN-FACT_____
Electronic Signature of Signing Officer/Director Detail_____
Date