FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 836420 (0)

1. Corporation Name
A.T. KEARNEY, INC.

Principal Place of Business	Mailing Address
ATTN: C. WALMA 222 W. ADAMS ST. CHICAGO IL 60606	ATTN: C. WALMA 222 W. ADAMS ST CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1976
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 36-6080235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1 TITLE		☐ Change ☐ Addition
NAME	STEINGRABER, FRED	1 NAME		
STREET ADDRESS	222 W. ADAMS ST.	1 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	1 CITY-ST-ZIP		
TITLE	D	2 TITLE		☐ Change ☐ Addition
NAME	GRAY, DOUGLAS J	2 NAME		
STREET ADDRESS	222 W ADAMS ST	2 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	2 CITY-ST-ZIP		
TITLE	D	3 TITLE		☐ Change ☐ Addition
NAME	EGAN, JOHN	3 NAME		
STREET ADDRESS	130 WILTON RD	3 STREET ADDRESS		
CITY-ST-ZIP	LONDON EN	3 CITY-ST-ZIP		
TITLE	S	4 TITLE		☐ Change ☐ Addition
NAME	KUSULAS, ELIAS P	4 NAME		
STREET ADDRESS	222 W. ADAMS ST.	4 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4 CITY-ST-ZIP		
TITLE	D	5 TITLE	Director	☒ Change ☐ Addition
NAME	~~HORA, MICHAEL~~	5 NAME	William Best	
STREET ADDRESS	~~CITICORP CTR 153RD E 53RD ST~~	5 STREET ADDRESS	Ste 1500 29 QUEEN'S ROAD	
CITY-ST-ZIP	~~NEW YORK NY~~	5 CITY-ST-ZIP	CENTRAL HONG KONG	
TITLE	D	6 TITLE		☐ Change ☐ Addition
NAME	ASPER, DAVID	6 NAME		
STREET ADDRESS	222 W. ADAMS ST.	6 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL	6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elias P. Kusulas ELIAS P. KUSULAS 4-24-95 312/648-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0466141 FP