2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003318

Entity Name: HEWITT RELOCATION SERVICES, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
7901 STONERIDGE DRIVE STE. 390 PLEASANTON, CA 945883600			100 HALF DAY ROAD LINCOLNSHIRE, IL 60069 US	
Current Mailing Address:			New Mailing Address:	
7901 STONERIDGE DRIVE STE. 390 PLEASANTON, CA 945883600			100 HALF DAY ROAD ATTN: STEVIE SHOEMAKER LINCOLNSHIRE, IL 60069	
FEI Number: 94-1745048 FEI Number Applied For () FEI Number		mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PATITUCCI, FRAI	GE DRIVE STE. 390	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition CONNOLLY III, C. LAWRENCE 100 HALF DAY ROAD LINCOLNSHIRE, IL 60069
Title: Name: Address: City-St-Zip:	SHEPLER, ROBE	GE DRIVE STE. 390	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition RYAN, JOHN M 100 HALF DAY ROAD LINCOLNSHIRE, IL 60069
Title: Name: Address: City-St-Zip:	PORRAS, JERRY	GE DRIVE STE. 390	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition CAMPBELL, KEVIN M 7901 STONERIDGE DRIVE STE. 390 PLEASANTON, CA 945883600
Title: Name: Address: City-St-Zip:	DEMOSS, W. DO	GE DRIVE STE. 390	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUETTL, ELYSE	GE DRIVE STE. 390	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SHAFFER, JONA	GE DRIVE STE. 390	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: C. LAWRENCE CONNOLLY III SEC 01/17/2005