

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002783

FILED
Jan 12, 2006
Secretary of State

Entity Name: PUBLIC CONSULTING GROUP, INC.

Current Principal Place of Business:

148 STATE STREET
10TH FLOOR
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

148 STATE STREET
10TH FLOOR
BOSTON, MA 02109

New Mailing Address:

FEI Number: 04-2942913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MOSAKOWSKI, WILLIAM S
Address: 148 STATE STREET, 10TH FLOOR
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: BROWN, T. MCLEAN
Address: 148 STATE STREET, 10TH FLOOR
City-St-Zip: BOSTON, MA 02109

Title: SD () Delete
Name: SKINNER, STEPHEN P
Address: 148 STATE STREET, 10TH FLOOR
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: FENTON, MARC
Address: 148 STATE STREET, 10TH FLOOR
City-St-Zip: BOSTON, MA 02109

Title: T () Delete
Name: HEANEY, DANIEL
Address: 148 STATE STREET, 10TH FLOOR
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: BOBO, BENJAMIN
Address: 148 STATE STREET, 10TH FLOOR
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM MOSAKOWSKI

PD

01/12/2006

Electronic Signature of Signing Officer or Director

Date