

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001938 (9)

1. Corporation Name

PETERSON CONSULTING, INC.



Principal Place of Business

310 S. MICHIGAN AVE  
SUITE 1990  
CHICAGO IL 60604

Mailing Address

310 S. MICHIGAN AVE  
SUITE 1990  
CHICAGO IL 60604

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

36-3718583

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P  
NAME YURKERWICH, DAVID  
STREET ADDRESS 1177 AVENUE OF THE AMERICAS, 36TH FLOOR  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE C  
NAME BEEDIE, JAMES F  
STREET ADDRESS 310 S. MICHIGAN, SUITE 1900  
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE VC  
NAME WILLIS, STEPHEN I  
STREET ADDRESS 310 S. MICHIGAN, SUITE 1900  
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE V  
NAME MURRAY, MARTHA W  
STREET ADDRESS 1650 MARKET STREET, SUITE 3400  
CITY-ST-ZIP PHILADELPHIA PA

☐ DELETE

TITLE V  
NAME REICHERT, DOUGLAS  
STREET ADDRESS 1133 21ST, N.W., SUITE 600  
CITY-ST-ZIP WASHINGTON D.

☐ DELETE

TITLE V  
NAME TORTORELLO, DAVE  
STREET ADDRESS 1177 AVENUE OF THE AMERICAS, 36TH FLOOR  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

*David Paul*, Controller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(312) 347-5932

CR2E034 (12/95)