

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002244 (1)

1. Corporation Name

MCKINSEY & COMPANY, INC. \*



Principal Place of Business

55 EAST 52ND STREET  
NEW YORK NY 10022

Mailing Address

485 MADISON AVE. 19TH FLOOR  
NEW YORK NY 10022

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

02/06/1995

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

4. FEI Number

13-3796161

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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	<input checked="" type="checkbox"/> DELETE
NAME	GUPTA, RAJAT K	
STREET ADDRESS	680 ROSEWOOD AVENUE.	
CITY - ST - ZIP	WINNETKA IL 60093	
TITLE	VF	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES	
STREET ADDRESS	118 IRON GATE ROAD	
CITY - ST - ZIP	STAMFORD CT 06903	
TITLE	EVS	<input checked="" type="checkbox"/> DELETE
NAME	GOODRICH, JAMES W	
STREET ADDRESS	38 LAKE DRIVE SOUTH	
CITY - ST - ZIP	NEW FAIRFIELD CT 06903	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCAPILLATO, CARY	
STREET ADDRESS	15 NORFIELD WOODS ROD	
CITY - ST - ZIP	WESTON CT 06883	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MOLINO, VIRGINIA L	
STREET ADDRESS	60 HILLSIDE AVENUE	
CITY - ST - ZIP	SHORT HILLS NJ 07078	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gregory P. Ho	
1.3 STREET ADDRESS	100 Riverside Drive, 8A	
1.4 CITY - ST - ZIP	New York, NY 10024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Randi E. Zeller	
3.3 STREET ADDRESS	646 Chappaqua Road	
3.4 CITY - ST - ZIP	Chappaqua, NY 10514	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steve T. Min	
4.3 STREET ADDRESS	200 East 33rd St., Apt. 23E	
4.4 CITY - ST - ZIP	New York, NY 10016	
5.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Brous	
5.3 STREET ADDRESS	3116 Lydia Lane	
5.4 CITY - ST - ZIP	Bellmore, NY 11710	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert Brous*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Brous

4/30/96

(212) 415-1800

Date

Daytime Phone #

\* See amendment

CR2E034 (12/95)