

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000004012

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



**FILED  
May 07, 2007 8:00 am  
Secretary of State**

05-07-2007 90070 027 \*\*\*150.00

40101012



01092007 Chg-P CR2E034 (12/06)

Principal Place of Business  
222 W ADAMS ST.  
ATTN TAX DEPT  
CHICAGO, IL 60606 US

Mailing Address  
222 W ADAMS ST.  
ATTN TAX DEPT  
CHICAGO, IL 60606 US

2. Principal Place of Business - No P O Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

4. FEI Number  
75-2608565

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remailing) DATE

9. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MJO  Delete  
NAME KLEIN, HEINZ LUDWIG  
STREET ADDRESS 5400 LEGACY DR.  
CITY-ST-ZIP PLANO, TX 75024

TITLE VPS  Delete  
NAME ASPER, DAVID CFO  
STREET ADDRESS 222 WEST ADAMS ST  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE T  Delete  
NAME CHRISTALDI, JOSEPH  
STREET ADDRESS 222 WEST ADAMS ST  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE AT  Delete  
NAME VARGA, KATHLEEN S  
STREET ADDRESS 222 WEST ADAMS ST  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

(312) 648-0111

Daytime Phone #