

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90026 012 \*\*\*150.00

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|                                                                  |                                                                                   |                                                                                                          |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # F97000003824**

1. Corporation Name

**DA CONSULTING GROUP (USA), INC.**

Principal Place of Business

**5847 SAN FELIPE STE. 3700  
HOUSTON TX 77057**

Mailing Address

**5847 SAN FELIPE STE. 3700  
HOUSTON TX 77057**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 Same as Above**

2a. Mailing Address

**26 Same as Above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**

**660 E. JEFFERSON ST.**

**TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                  |                                            |
|----------------|----------------------------------|--------------------------------------------|
| TITLE          | <b>PD</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PIERPONT, VIRGINIA L</b>      |                                            |
| STREET ADDRESS | <b>5847 SAN FELIPE STE. 3700</b> |                                            |
| CITY-ST-ZIP    | <b>HOUSTON TX 77057</b>          |                                            |

|                    |                                    |                                                                              |
|--------------------|------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>P, AS</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Patrick Newton</b>              |                                                                              |
| 1.3 STREET ADDRESS | <b>5847 San Felipe, Suite 3700</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>Houston, Texas 77057</b>        |                                                                              |

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>MARRINER, NICHOLAS H</b>      |                                 |
| STREET ADDRESS | <b>5847 SAN FELIPE STE. 3700</b> |                                 |
| CITY-ST-ZIP    | <b>HOUSTON TX 77057</b>          |                                 |

|                    |                                         |                                                                              |
|--------------------|-----------------------------------------|------------------------------------------------------------------------------|
| 2.1 TITLE          | <b>Chairman</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>All other information is correct</b> |                                                                              |
| 2.3 STREET ADDRESS | <b>for Marriner, Nicholas</b>           |                                                                              |
| 2.4 CITY-ST-ZIP    |                                         |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                    |                                                                              |
|--------------------|------------------------------------|------------------------------------------------------------------------------|
| 3.1 TITLE          | <b>CFO, S, T</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Michael J. Mackey</b>           |                                                                              |
| 3.3 STREET ADDRESS | <b>5847 San Felipe, Suite 3700</b> |                                                                              |
| 3.4 CITY-ST-ZIP    | <b>Houston, Texas 77057</b>        |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                    |                                                                              |
|--------------------|------------------------------------|------------------------------------------------------------------------------|
| 4.1 TITLE          | <b>VP</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Eric Fernette</b>               |                                                                              |
| 4.3 STREET ADDRESS | <b>5847 San Felipe, Suite 3700</b> |                                                                              |
| 4.4 CITY-ST-ZIP    | <b>Houston, Texas 77057</b>        |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                    |                                                                              |
|--------------------|------------------------------------|------------------------------------------------------------------------------|
| 5.1 TITLE          | <b>VP</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Lisa Costello</b>               |                                                                              |
| 5.3 STREET ADDRESS | <b>5847 San Felipe, Suite 3700</b> |                                                                              |
| 5.4 CITY-ST-ZIP    | <b>Houston, Texas 77057</b>        |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/23/99

713 381 3060