DQCUMENT # F9800003930 FILED FIRST CONSULTING GROUP, INC. 00 JUN -9 PM 1:41 Mailing Address Principal Place of Business 111 W. OCEAN BLVD., 4TH FL 111 W. OCEAN BLVD., 4TH FL SECRETARY OF STATE LONG BEACH CA 90802-4632 LONG BEACH CA 90802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 95-3539020 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired - -: Fee.Required ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 OFFICERS AND DIRECTORS 12 66/6) M Addition M Delete TITLE TITLE REEP, Thomas A NAME REEP. JAMES A NAME III W. Ocean Blud, 4th FL STREET ADDRESS STREET ADDRESS 111 W. OCEAN BLVD. 4TH FL one Beach, CA CITY-ST-ZIP CITY-ST-ZIP LONG BEACH CA Holmen, Robert R. Addition ☐ Change TITLE TITLE n ☐ Delete NAME HECK, STEVEN NAME STREET ADDRESS STREET ADDRESS 111 W. OCEAN BLVD, 4TH FL ONG BEACH, CA CITY-ST-ZIP CITY-ST-ZIP LONG BEACH CAT Addition Asst Treasurer Change ☐ Delete TITLE TITLE MARY CALDARONE 4# FL NAME NUSSBAUM, LUTHER J NAME STREET ADDRESS STREET ADDRESS 111 W. OCEAN BLVD, 4TH FL CITY-ST-ZIP BEACH CITY-ST-ZIP LONG BEACH CA -0NE 🖺 Change :--- 🗏 Addition □ Defete TITLE ΠÜĖ NELSON, STANLEY R NAME NAME STREET ADDRESS STREET ADDRESS 111 W. OCEAN BLVD, 4TH FL CITY-ST-ZIP CITY-ST-ZIP LONG BEACH CA ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME LAZARUS, STEVEN STREET ADDRESS STREET ADDRESS 111 W. OCEAN BLVD, 4TH FL CITY-ST-ZIP CITY-ST-ZIP LONG BEACH CA ☐ Addition ☐ Delate IIII E TITLE NAME OLSON, STEPHEN E NAME STREET ADDRESS STREET ADDRESS 111 W. OCEAN BLVD, 4TH FL CITY-ST-ZIP CITY-ST-7IP LONG BEACH CA 13. 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 report or supplemental report is true and accurate and that my signalure 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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