

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:13

DOCUMENT # K17681 (3)

1. Corporation Name

ANDERSEN CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

~~C/O DOUGLAS PARKER~~
1314 NW 6TH STREET
BOCA RATON FL 33486
US

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1314 NW 6TH STREET
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1988

3a. Date of Last Report

03/28/1994

4. FEI Number

65-0036548

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

2. Principal Place of Business

21 555 NE 34 ST

2a. Mailing Address

26 555 NE 34 ST

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite 1802

27 Suite 1802

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33137

25 US

29 33137

30 US

9. Name and Address of Current Registered Agent

ANDERSEN, ALAN B.
555 NE 34TH ST
SUITE 2006
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

ANDERSEN, ALAN B.

82

Street Address (P.O. Box Number is Not Acceptable)

555 NE 34 ST

83

Suite 1802

84

City MIAMI

FL

85

Zip Code

33137

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

Alan B. Andersen

ALAN B. ANDERSEN D.P.

5/28/95

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANDERSEN, ALAN B.
STREET ADDRESS	555 NE 34TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	ANDERSEN, ALAN B.	
1.3 STREET ADDRESS	555 NE 34 ST, #1802	
1.4 CITY - ST - ZIP	MIAMI, FL 33137	
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)(b), 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:

Alan B. Andersen

ALAN B. ANDERSEN, D.P.

5/28/95

(705) 576-5391

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number