

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005321

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** PRICEWATERHOUSECOOPERS ADVISORY LLC

**Current Principal Place of Business:**

300 MADISON AVENUE  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

300 MADISON AVENUE  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:** 80-0642921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: O'HANRAHAN, ELLENORE  
Address: 300 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGR  
Name: MCILWAIN, DANA P  
Address: 300 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGR  
Name: DUFFY, JOSEPH W  
Address: 300 MADISON AVENUE  
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Title: MGR  
Name: WISHON, KEITH S  
Address: 300 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGR  
Name: KOEHNEMAN, MICHAEL  
Address: 300 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGR  
Name: STARR, SAMUEL P  
Address: 300 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELLENORE O'HANRAHAN

MGR

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date