

2000 UNIFORM BUSINESS REPORT (UBR)

Received 7/11/2000

DOCUMENT # M96000000035

1. Entity Name

HEWITT ASSOCIATES L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

Principal Place of Business

100 HALF DAY ROAD
LINCOLNSHIRE IL 60069

Mailing Address

100 HALF DAY ROAD
LINCOLNSHIRE IL 60069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Attn: Ann Eckstein

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2235791

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GIFFORD, DALE L
100 HALF DAY ROAD
LINCOLNSHIRE IL 60069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003354050-1
-08/11/00--01083--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: By: *Dale L. Gifford*

DALE L. GIFFORD REQUIRED

Dale L. Gifford, Manager 7/27/2000

(847) 295-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)