
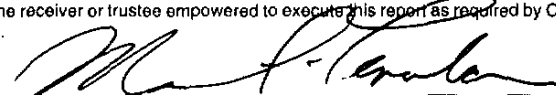


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
ANNUAL REPORT 1998		 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		98 MAY -6 AM 11:36	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>PETERSON CONSULTING L.L.C. 310 SOUTH MICHIGAN AVE., SUITE 1900 CHICAGO IL 60604</b>		<b>DOCUMENT #</b> M96000000239		1a. Principal Place of Business Address <b>310 SOUTH MICHIGAN AVE., SUI CHICAGO IL 60604</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>07/05/1996</b> 3a. State of Formation <b>IL</b> 4. FEI Number <b>36-3714182</b> 5. Date of Last Report <b>05/05/1997</b> 6. Certificate of Status Desired \$0.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>500002517335--7 -05/08/98--01082--022 ****188.75 ****188.75 FL</b>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BEEDIE, JAMES F	310 SOUTH MICHIGAN AVE., S		CHICAGO IL	
MGRM	MURRAY, MARTHA W	<del>1650 MARKET STREET, SUITE</del> 993 Lenox Dr, Bldg Two, Suite 207		<del>PHILADELPHIA PA</del> Princeton, NJ 08648	
MGRM	REICHERT, DOUGLAS A	1133 21ST STREET, N.W., SU		WASHINGTON DC	
MGRM	TORTORELLO, DAVID R	<del>1177 AVENUE OF THE AMERICA</del> 450 Lexington Ave., Suite 1920		NEW YORK NY 10017	
11. I do 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 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		5/1/98		(312)922-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	