

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000239

1. Entity Name  
PETERSON CONSULTING L.L.C.

FILED

01 MAY -1 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ONE MID AMERICA PLAZA, SUITE 300  
OAKBROOK TERRACE IL 60181

Mailing Address  
C/O THE METZBERG GROUP X  
615 N WABASH AVE  
CHICAGO IL 60611



2. Principal Place of Business

3. Mailing Address

Navigant Consulting, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

36-3714182

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

6000004287886--2  
-05/22/01--01098--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME MAHER, ROBERT P  
STREET ADDRESS 615 N WABASH  
CITY-ST-ZIP CHICAGO IL 60611

TITLE MGR ☐ Change ☒ Addition  
NAME William M. Goodyear  
STREET ADDRESS 615 N. Wabash Ave.  
CITY-ST-ZIP Chicago, IL 60611-2713

TITLE MGR ☒ Delete  
NAME SARANOW, MITCHELL H  
STREET ADDRESS 615 N. WABASH AVE.  
CITY-ST-ZIP CHICAGO IL 60611

TITLE MGR ☐ Change ☒ Addition  
NAME Ben W. Perks  
STREET ADDRESS 615 N. Wabash Ave.  
CITY-ST-ZIP Chicago, IL 60611-2713

TITLE MGR ☒ Delete  
NAME REED, JOHN J  
STREET ADDRESS 200 WHEELER RD., SUITE 400  
CITY-ST-ZIP BURLINGTON MA 01803

TITLE MGR ☐ Change ☒ Addition  
NAME Philip P. Steptoe  
STREET ADDRESS 615 N. Wabash Ave.  
CITY-ST-ZIP Chicago, IL 60611-2713

TITLE MGR ☒ Delete  
NAME SPETZLER, CARL S  
STREET ADDRESS 2440 SAND HILL RD.  
CITY-ST-ZIP MENLO PARK CA 94025

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

TITLE MGR ☒ Delete  
NAME HILLMAN, JAMES F  
STREET ADDRESS 615 N. WASHBASH AVE.  
CITY-ST-ZIP CHICAGO IL 60611

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Philip P. Steptoe*

Philip P. Steptoe 64/10/01 (312) 573-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)