## M9600000239

ACCOUNT NO.

072100000032

REFERENCE

**5139316** 

AUTHORIZATION

MALLE

COST LIMIT

\$ 25.00

ORDER DATE: June 3, 2002

ORDER TIME: 12:01 PM

700006160977--\$

ORDER NO.

: 607378-050

CUSTOMER NO:

5139316

CUSTOMER:

Mr. Kevin Fuchs

Navigant Consulting, Inc.

615 N. Wabash

Chicago, IL 60611

RECEIVED

O2 JUL - 2 PN 1: 03

BIVISION OF PERFERATION

CHANGE OF AGENT

NAME:

PETERSON CONSULTING L.L.C.

1/1/2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

SECRETARY OF STATE OF STATE OF CORPORATIONS

02 JUL -2 PM 2: 28

Zp

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| , ,   | 3  |  |  |  |
|---|--|--|--|--|
| 1. The name of the limite   | d liability company is   | : PETERSON   | CONSULTING L.L   | .c   |
| 2. The mailing address of   | f the limited liability c  | ompany is:   |  |  |
| 615 N W   | abash Ave. Chic  | ~ · · ·  |  |  |
| OID N. W  | abasii Ave. Ciilo  | sago, III  | 60611-2713   | ·  |
| 07/05/1996  | ·  | -  | M96000000239   |  |
| 3. Date of filing/registrat   | ion in Florida   |  | 4. Document num  | nber   |
| 5. The name of the register Florida Department of   |  | stered office  | address as shown o   | on the records of the  |
| •   | C T COR  | PORATION S   | YSTEM  |  |
|   |  | Name   |  |  |
|   | 1200 SOUT  | H PINE ISLA  | ND ROAD  |  |
|   |  | Address  |  |  |
| PLANTATION, FL 33324  |  |  |  |  |
|   | City   | , State and Zi   | p  |  |
| 6. The name and address of the new registered agent and/or office:    Corporation Service Company   Name   1201 Hays Street     Florida street address (P.O. Box NOT acceptable)   P. |  |  |  |  |
|   | Corporatio   | n Service  | Company  |  |
|   |  | Name   |  | \   \qua |
|   | 1201   | Hays Stree   | <u></u>  | 2 CX   |
| Florida street address (P.O. Box NOT acceptable)  |  |  |  |  |
|   | Tallahassee  | FL   | 32301  | ? E  |
|   |  | State and Zip  |  | 29<br>29   |
| If the limited liability conconfirmed that after the cland the business office of liability company, it is here the members of the limite the operating agreement of  | npany is not organized<br>hange or changes are r<br>the registered agent w<br>reby confirmed that th<br>d liability company or | under the law<br>made, the Flow<br>will be identice<br>e change(s) we<br>as otherwise  | ws of the State of Frida street address al. Or, in the case  | Florida, it is hereby<br>of the registered office<br>of a Florida limited<br>d by an affirmative yote of   |
|   |  |  |  |  |
| (Signature of a member or author  | ized representative of a meml  | per)   |  |  |
| PHILIP STEPTOE, MANAG   |  |  |  |  |
| (Printed or typed name of signee)   |  |  |  |  |
|   | Cynthia  | agent and agree to the property of my posification filed to mere ity company to the company to t | ee to act in this ca<br>er and complete pi<br>tion as registered o<br>ly reflect a change<br>as been notified in | pacity. I further agree to erformance of my duties, agent as provided for in the registered office writing of this change.   |
| (Signature of Registered Agent)   |  |  |  |  |
| Divisio   | on of Corporations, P  | O Roy 632'   | 7 Tallahassee FL   | . 32314  |

**FILING FEE: \$25.00** INHS18(10/99)