


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M96000000239
 1. Entity Name
 PETERSON CONSULTING L.L.C.



Principal Place of Business 175 W. JACKSON BLVD, SUITE 500 CHICAGO, IL 60604	Mailing Address C/O NAVIGANT CONSULTING, INC. 615 N WABASH AVE CHICAGO, IL 60611
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-3714182	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE, Registered Agent signature required when reinstating) _____ DATE _____

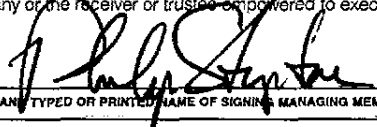
**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, WILLIAM M 615 N WABASH AVE CHICAGO, IL 606112713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERKS, BEN W 615 N WABASH AVE CHICAGO, IL 606112713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPTOE, PHILIP P 615 N WABASH AVE CHICAGO, IL 606112713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000007520
 01/20/04-80026-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 01/09/04 312-573-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #