

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000239

FILED
Mar 02, 2005
Secretary of State

Entity Name: PETERSON CONSULTING L.L.C.

Current Principal Place of Business:

175 W. JACKSON BLVD, SUITE 500
CHICAGO, IL 60604

New Principal Place of Business:

Current Mailing Address:

C/O NAVIGANT CONSULTING, INC.
615 N WABASH AVE
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 36-3714182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GOODYEAR, WILLIAM M
Address: 615 N WABASH AVE
City-St-Zip: CHICAGO, IL 606112713

Title: MGR () Delete
Name: PERKS, BEN W
Address: 615 N WABASH AVE
City-St-Zip: CHICAGO, IL 606112713

Title: MGR () Delete
Name: STEPTOE, PHILIP P
Address: 615 N WABASH AVE
City-St-Zip: CHICAGO, IL 606112713

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MRG

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date