## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 04, 2001 08:00 AM M9800000365 DOCUMENT # 1. Entity Name **Secretary of State** PRICEWATERHOUSE COOPERS INVESTIGATIONS LLC Principal Place of Business Mailing Address 36 SOUTH STATE STREET, SUITE 1700 ATTN: LORRAINE KILLHEFFER 1301 AVE, OF THE AMERICAS SALT LAKE CITY UT NEW YORK NY 84111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3987026 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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. 04/04/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE MGR X Change ☐ Addition NAME MORITZ SCOTT NAME SKRAMSTAD ERIK O STREET ADDRESS 1177 AVE. OF THE AMERICAS STREET ADDRESS 1 POST OFFICE SQUARE CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP BOSTON 02109 MA ☐ Delete TITLE MGR MGR Change ☐ Addition VALE STEPHEN NAME MANNY ALAS STREET ADDRESS 36 SOUTH STATE STREET STREET ADDRESS 1177 AVE. OF THE AMERICAS CITY-ST-ZIP SALT LAKE CITY UT CITY-ST-ZIP NEW YORK NY10036 TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition NAME HENDERSON MC KAY NAME STREET ADDRESS 1900 K STREET, N.W., SUITE 900 STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20006 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

04/04/2001

Daytime Phone #

MANNY A. ALAS

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

CR2E083 (11/00)