

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98000000365

FILED
Jan 06, 2003
Secretary of State

Entity Name: PRICEWATERHOUSE COOPERS INVESTIGATIONS LLC

Current Principal Place of Business:

36 SOUTH STATE STREET, SUITE 1700
SALT LAKE CITY, UT 84111

New Principal Place of Business:

Current Mailing Address:

ATTN: LORRAINE KILLHEFFER
1301 AVE. OF THE AMERICAS
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 13-3987026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HENDERSON, MC KAY W
Address: 1900 K STREET, N.W., SUITE 900
City-St-Zip: WASHINGTON, DC, 20006

Title: MGR () Delete
Name: ALAS, MANNY A
Address: 1177 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: MGR () Delete
Name: SKRAMSTAD, ERIK O
Address: 1 POST OFFICE SQUARE
City-St-Zip: BOSTON, MA 02109

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: MANNY A. ALAS

MGR

01/06/2003

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