RI SOS Filing Number: 200805925250 Date: 01/18/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
94767	HEWITT ASSOCIATES LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
ILLINOIS	TO PROVIDE CONSULTING, ADMINSTRATIVE AND RELATED SERVICES		
5. Principal office address	City	State	Zip
100 HALF DAY ROAD	LINCOLNSHIRE	ILLINOIS	60069

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
MS. STEVIE SHOEMAKER	PARALEGAL		
Street Address	City	State	Zip
100 HALF DAY ROAD	LINCOLNSHIRE	ILLINOIS	60069

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
RUSSELL FRADIN	RICHARD WESTENBERGER
Street Address	Street Address
100 HALF DAY ROAD	100 HALF DAY ROAD
City / State / Zip	City / State / Zip
LINCOLNSHIRE / ILLINOIS / 60069	LINCOLNSHIRE / ILLINOIS / 60069
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	
Address	City	Zip
	PROVIDENCE	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

94767

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person — *Date* 9/7/2007

Jeffrey C. Everett
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

File Date FILED
I.D. No. JAN 18 2008
By: A041304 P045031
By
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