

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 FEB 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 52-1261113 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # F05000005766
1. Entity Name
FTI CONSULTING, INC.



Principal Place of Business 900 BESTGATE ROAD, SUITE 100 ANNAPOLIS, MD 21401
Mailing Address 900 BESTGATE ROAD, SUITE 100 ANNAPOLIS, MD 21401

2. Principal Place of Business 909 Commerce Road
Suite, Apt. #, etc.
3. Mailing Address 500 E. Pratt Street
Suite, Apt. #, etc. Suite 1400

City & State Annapolis, MD
Zip 21401 Country USA
City & State Baltimore, MD
Zip 21202 Country USA

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
910067328059
03/07/06--01060--014 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, JACK B IV 900 BESTGATE ROAD, SUITE 100 ANNAPOLIS, MD 21401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAGNER, DIANNE R 900 BESTGATE ROAD, SUITE 100 ANNAPOLIS, MD 21401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CATANESCO, JOANNE F 900 BESTGATE ROAD, SUITE 100 ANNAPOLIS, MD 21401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINCUS, THEODORE I 900 BESTGATE ROAD, SUITE 100 ANNAPOLIS, MD 21401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 East Pratt Street, Suite 1400 Baltimore, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 East Pratt Street, Suite 1400 Baltimore, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Catanesco 500 East Pratt Street, Suite 1400 Baltimore, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 Commerce Road Annapolis, MD 21401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

K. Eckel FEB 23 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne F. Catanesco Date: 410-951-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #