

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90026 012 ***150.00

05-43520

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000003824
 1. Corporation Name
DA CONSULTING GROUP (USA), INC.



Principal Place of Business 5847 SAN FELIPE STE. 3700 HOUSTON TX 77057	Mailing Address 5847 SAN FELIPE STE. 3700 HOUSTON TX 77057
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same as Above		2a. Mailing Address 26 Same as Above		3. Date Incorporated or Qualified 07/22/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 76-0222711	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 680 E. JEFFESON ST. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P, AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERPONT, VIRGINIA L	1.2 NAME	Patrick Newton
STREET ADDRESS	5847 SAN FELIPE STE. 3700	1.3 STREET ADDRESS	5847 San Felipe, Suite 3700
CITY-ST-ZIP	HOUSTON TX 77057	1.4 CITY-ST-ZIP	Houston, Texas 77057
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRINER, NICHOLAS H	2.2 NAME	All other information is correct
STREET ADDRESS	5847 SAN FELIPE STE. 3700	2.3 STREET ADDRESS	for Marriner, Nicholas
CITY-ST-ZIP	HOUSTON TX 77057	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CFO, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael J. Mackey
STREET ADDRESS		3.3 STREET ADDRESS	5847 San Felipe, Suite 3700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Houston, Texas 77057
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Eric Fernette
STREET ADDRESS		4.3 STREET ADDRESS	5847 San Felipe, Suite 3700
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Houston, Texas 77057
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lisa Costello
STREET ADDRESS		5.3 STREET ADDRESS	5847 San Felipe, Suite 3700
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Houston, Texas 77057
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/23/99 713 381 3000