

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**
Read the Instructions C018i

1. ENTITY TYPE – check only one to indicate the type of entity applying for authority:

- | | |
|--|--|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="checkbox"/> CORPORATION SOLE | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

2. NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) – enter the exact, true name of the foreign corporation:

BearingPoint Consulting Inc.

3. NAME TO BE USED IN ARIZONA (ENTITY NAME) – see Instructions C018i - Identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions

- | | | |
|--|--|---|
| 3.1 <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes – Go to number 4. | 3.2 <input type="checkbox"/> Name in state or country of incorporation, with a corporate identifier added to it – Enter the name in number 3.4 below . | 3.3 <input type="checkbox"/> Fictitious name (check this only if the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) – Enter the name in number 3.4 below. |
|--|--|---|

- 3.4 If you checked 3.2 or 3.3, enter or print the name to be used in Arizona:

4. FOREIGN DOMICILE – list the state or country in which the foreign corporation is incorporated: Delaware

5. DATE OF INCORPORATION IN FOREIGN DOMICILE: 12/18/2009

6. DURATION – if the duration or life period of the foreign corporation is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check the box below and fill in the date:

☐ The foreign corporation life period will end on this date: _____ (enter a date)

7. PURPOSE – the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following limitations, if any (leave this blank if there are no limitations on the corporation's purpose):

8. CHARACTER OF BUSINESS – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

Software Consulting Services

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS – <u>see Instructions C018i</u> – give the physical or street address (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation:			10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business street address the same as the street address of the statutory agent? <input checked="" type="checkbox"/> Yes - go to number 11 and continue. <input type="checkbox"/> No - provide the Arizona physical or street address (not a P.O. Box) below:		
The Corporation Trust Company					
Attention (optional)			Attention (optional)		
Corporation Trust Center, 1209 Orange Street					
Address 1			Address 1		
Address 2 (optional)		DE	19801	Address 2 (optional)	
City	Wilmington	State	Zip	City	State Zip

11. STATUTORY AGENT IN ARIZONA – see Instructions C018i:					
11.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			11.2 OPTIONAL – mailing address in Arizona of statutory agent (can be a P.O. Box):		
C T Corporation System					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
3800 North Central Avenue, Suite 460					
Address 2 (optional)		AZ	85012	Address 2 (optional)	
City	Phoenix	State	Zip	City	State Zip
11.3 REQUIRED – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with this Application For Authority.					

12. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> complete and attach the <u>Director Attachment form C082</u> .					
John Degroote			Matthias Ferdinand Loebich		
Director Name			Director Name		
227 West Monroe Street 11th Floor, Suite 1150			227 West Monroe Street 11th Floor, Suite 1150		
Address 1			Address 1		
Address 2 (optional)		IL	60606	Address 2 (optional)	
City	Chicago	State or Province	Zip	City	State or Province Zip
Country	UNITED STATES			Country	UNITED STATES
Date taking office (optional):			Date taking office (optional):		

Chetan Rangaswamy							
Director Name 227 West Monroe Street 11th Floor, Suite 1150				Director Name			
Address 1				Address 1			
Address 2 (optional) Chicago		IL	60606	Address 2 (optional)			
City Country	UNITED STATES	State or Province	Zip	City Country		State or Province	Zip
Date taking office (optional):				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City Country		State or Province	Zip	City Country		State or Province	Zip
Date taking office (optional):				Date taking office (optional):			
13. OFFICERS - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Officer Attachment</u> form C085.							
John Degroote				Scott Glenn			
Officer Name 227 West Monroe Street 11th Floor, Suite 1150				Officer Name 227 West Monroe Street 11th Floor, Suite 1150			
Address 1				Address 1			
Address 2 (optional) Chicago		IL	60606	Address 2 (optional) Chicago		IL	60606
City Country	UNITED STATES	State or Province	Zip	City Country	UNITED STATES	State or Province	Zip
Date taking office (optional):		Officer title: Secretary		Date taking office (optional):		Officer title: Other	
Matthias Ferdinand Loebich				Chetan Rangaswamy			
Officer Name 227 West Monroe Street 11th Floor, Suite 1150				Officer Name 227 West Monroe Street 11th Floor, Suite 1150			
Address 1				Address 1			
Address 2 (optional) Chicago		IL	60606	Address 2 (optional) Chicago		IL	60606
City Country	UNITED STATES	State or Province	Zip	City Country	UNITED STATES	State or Province	Zip
Date taking office (optional):		Officer Title: President		Date taking office (optional):		Officer Title: Treasurer	
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City Country		State or Province	Zip	City Country		State or Province	Zip
Date taking office (optional):		Officer Title:		Date taking office (optional):		Officer Title:	

14. FOR-PROFITS ONLY – SHARES AUTHORIZED – see Instructions C018i – list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: Common Series: _____ Total: 3,000
 Class: _____ Series: _____ Total: _____

15. FOR-PROFITS ONLY – SHARES ISSUED – see Instructions C018i – list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check ~~this box~~ ☐ and attach the Shares Issued Attachment form C097.

Class: Common Series: _____ Total: 3,000
 Class: _____ Series: _____ Total: _____

16. NONPROFITS ONLY – MEMBERS – check one box only:

Does the foreign nonprofit corporation have members? ☐ Yes ☐ No

17. PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL SERVICES – if “professional corporation” is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

18. PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL LICENSE:

By the signature appearing on this document, the foreign professional corporation certifies under penalty of law that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

NOTE: You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

SIGNATURE: By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

Agree&Sign

 e75a3b8b-5303-...

☒ I ACCEPT

Scott Glenn

09/11/2025

Signature

Printed Name

Date

REQUIRED – check only one:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am the Chairman of the Board of Director of the corporation filing this document.	I am a duly-authorized Officer of the corporation filing this document.	I am a duly authorized Bankruptcy trustee, receiver, or other court-appointed fiduciary for the corporation filing this document.

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$175.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public record and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

Clear Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

- 1. ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

BearingPoint Consulting Inc.

- 2. STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

C T Corporation System

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Eric McConahay, Assistant Secretary

08/26/2025

Signature

Printed Name

Date

REQUIRED – check only one:

- | | |
|--|--|
| <input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|--|--|

Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing)

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

CERTIFICATE OF DISCLOSURERead the Instructions C003i

1. ENTITY NAME – give the exact name of the corporation in Arizona:

BearingPoint Consulting Inc.**2. FELONY/JUDGMENT QUESTIONS :**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten percent of the issued and outstanding common shares or ten percent of any other proprietary, beneficial or membership interest in the corporation been:

2.1	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?	Yes	<input checked="" type="checkbox"/> No
2.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?	Yes	<input checked="" type="checkbox"/> No
2.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	Yes	<input checked="" type="checkbox"/> No
2.4	If any of the answers to numbers 2.1, 2.2, or 2.3 are YES, you MUST complete and attach a <u>Certificate of Disclosure Felony/Judgment Attachment form C004</u>		

3. BANKRUPTCY QUESTION:

3.1	Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty percent of the issued and outstanding common shares or twenty percent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty percent interest in any other corporation (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation ?	Yes	<input checked="" type="checkbox"/> No
3.2	If the answer to number 3.1 is YES, you MUST complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.		

IMPORTANT: If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten percent of the issued and outstanding shares or ten percent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

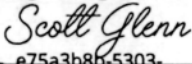
SIGNATURE REQUIREMENTS:	
Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment Form 6084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Scott Glenn

Name 227 West Monroe Street 11th Floor, Suite 1150		
Address 1		
Address 2 Chicago	State Illinois	Zip 60606
City Country	USA	

SIGNATURE – see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

Agree&Sign

 e75a3b8b-5303-...
 Signature
 Scott Glenn
 Printed Name
 09/11/2025
 Date

REQUIRED – check only one:

- ☒ Incorporator - I am an incorporator of the corporation submitting this Certificate.
- ☒ Officer - I am an officer of the corporation submitting this Certificate
- ☐ Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ Director – I am a Director of the credit union or loan company submitting this Certificate.

Name		
Address 1		
Address 2		
City Country	State	Zip

SIGNATURE – see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT
 Signature
 Printed Name
 Date

REQUIRED – check only one:

- ☐ Incorporator - I am an incorporator of the corporation submitting this Certificate.
- ☐ Officer - I am an officer of the corporation submitting this Certificate
- ☐ Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ Director – I am a Director of the credit union or loan company submitting this Certificate.

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: None All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEARINGPOINT CONSULTING INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEARINGPOINT CONSULTING INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4768218 8300

SR# 20253949476

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204725938

Date: 09-11-25

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "BEARINGPOINT CONSULTING INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTEENTH DAY OF DECEMBER, A.D. 2009, AT 3:47 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "US CONSULTING PARTNERS INC." TO "BEARINGPOINT CONSULTING INC.", FILED THE FIFTEENTH DAY OF NOVEMBER, A.D. 2013, AT 10 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE NINETEENTH DAY OF NOVEMBER, A.D. 2014, AT 9:08 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTIETH DAY OF MAY, A.D. 2025, AT 3:10 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "BEARINGPOINT CONSULTING INC.".



4768218 8100H
SR# 20253949475

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204725913
Date: 09-11-25

Delaware

The First State

Page 2



4768218 8100H
SR# 20253949475

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204725913
Date: 09-11-25

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:47 PM 12/18/2009
FILED 03:47 PM 12/18/2009
SRV 091118358 - 4768218 FILE

**CERTIFICATE OF INCORPORATION
OF
US CONSULTING PARTNERS INC.**

ARTICLE 1 - NAME. The name of this Corporation is **US CONSULTING PARTNERS INC.**

ARTICLE 2 - REGISTERED OFFICE AND REGISTERED AGENT. The registered office in the State of Delaware is to be located at 9 East Loockerman Street, Suite 3A, in the City of Dover, County of Kent, Zip Code 19901. The registered agent in charge thereof is Spiegel & Utrera, P.A.

ARTICLE 3 - PURPOSE. The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporations Law of Delaware.


ARTICLE 4 - CORPORATE CAPITALIZATION. The amount of the total stock of this corporation is authorized to issue is 3,000 shares with a par value of \$1.00 per share. All holders of shares of common stock shall be identical with each other in every respect.

ARTICLE 5 - INCORPORATOR. The name and mailing address of the incorporator is Elsie Sanchez, 9 East Loockerman Street, Suite 3A, Dover, Delaware 19901.

ARTICLE 6 - DIRECTORS. The initial Directors of the Corporation shall be Wolf Frenkel, whose mailing address shall be 200 Barr Harbor Drive, Conshohocken, Pennsylvania 19428, which shall be the principal office of the Corporation.

ARTICLE 7 - INDEMNIFICATION. The corporation shall have the power to indemnify any person to the full extent permitted by Title 8, section 145 of the Delaware Code. A copy of the Indemnification Agreement, if any, is on file at the principal office of the Corporation.

I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this 18 December 2009.



Elsie Sanchez, Incorporator

State of Delaware
 Secretary of State
 Division of Corporations
 Delivered 10:00 AM 11/15/2013
 FILED 10:00 AM 11/15/2013
 SRV 131393979 - 4768218 FILE

**CERTIFICATE OF AMENDMENT
 TO
 THE CERTIFICATE OF INCORPORATION
 OF
 US CONSULTING PARTNERS INC.**

Adopted in accordance with the provisions of
 Section 242 of the General Corporation Law
 of the State of Delaware

John DeGroote, being the Executive Vice President of US Consulting Partners Inc., a corporation duly organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation"), does hereby certify as follows:

ONE: That the Certificate of Amendment to the Certificate of Incorporation be, and hereby is amended by deleting Article One and substituting in lieu thereof a new Article One to read as follows:

ARTICLE 1 – Name.

The name of this Corporation is BearingPoint Consulting Inc.

TWO: That the Board of Directors of the Corporation approved the foregoing amendment by unanimous written consent pursuant to the General Corporation Law of the State of Delaware and directed that such amendment be submitted to the sole stockholder of the Corporation entitled to vote thereon for its consideration, approval and adoption thereof.

THREE: That the sole stockholder entitled to vote thereon approved the foregoing amendment by written consent in accordance with the General Corporation Law of the State of Delaware.

THREE: That the sole stockholder entitled to vote thereon approved the foregoing amendment by written consent in accordance with the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the undersigned does hereby certify that the facts stated herein are true and accordingly executes this Certificate of Amendment on this 13th day of November 2013.

US CONSULTING PARTNERS INC.

By: 

Name: John DeGroot

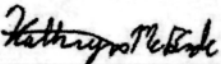
Title: Executive Vice President

Name: John Degroote, Executive Vice President
Print or Type

STATE OF DELAWARE
CERTIFICATE OF CHANGE OF REGISTERED AGENT
AND/OR REGISTERED OFFICE

The corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The name of the corporation is BEARINGPOINT CONSULTING INC.
2. The Registered Office of the corporation in the State of Delaware is changed to Corporation Trust Center,
1209 Orange Street (street), in the City of Wilmington,
County of New Castle Zip Code 19801. The name of the
Registered Agent at such address upon whom process against this Corporation may be
served is THE CORPORATION TRUST COMPANY.
3. The foregoing change to the registered office/agent was adopted by a resolution of the Board of Directors of the corporation.


By:
Authorized Officer

Name: Kathryn McBride
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:10 PM 05/20/2025
FILED 03:10 PM 05/20/2025
SR 20252458971 - File Number 4768218