

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003711

FILED
Apr 27, 2010
Secretary of State

Entity Name: DELOITTE INVESTMENT ADVISORS LLC

Current Principal Place of Business:

1633 BROADWAY
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

US FIRMS' TAXES
4022 SELLS DRIVE
HERMITAGE, TN 37076

New Mailing Address:

FEI Number: 62-1648965 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T 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/MANAGERS:

Title: MGR
Name: BOHL, DAVID J
Address: 555 EAST WELLS STREET, STE. 1400
City-St-Zip: MILWAUKEE, WI 53202

Title: MGR
Name: MONTAGUE, LAWRENCE
Address: 333 LUDLOW STREET
City-St-Zip: STAMFORD, CT 06902

Title: MGR
Name: HARPER, MARC
Address: 695 TOWN CENTER DRIVE, STE. 1200
City-St-Zip: COSTA MESA, CA 92626

Title: MGR
Name: OATES, KEITH E
Address: 200 BERKELEY STREET, 13TH FLOOR
City-St-Zip: BOSTON, MA 02116

Title: MGR
Name: PENZONE, DAVID
Address: 191 PEACHTREET STREET, STE. 1500
City-St-Zip: ATLANTA, GA 30313

Title: MGR
Name: JOHNSON, THOMAS A
Address: 250 EAST FIFTH STREET, STE. 1900
City-St-Zip: CINCINNATI, OH 458202

I hereby 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: KEITH E. OATES

MGR

04/27/2010

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