

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000398
1. Entity Name
 DELOITTE & TOUCHE SERVICES, L.P.

Principal Place of Business **Mailing Address**
 4022 Sells Drive
 Hermitage, TN 37076

FILED
 01 APR -4 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business **3. Mailing Address**
 4022 Sells Drive 4022 Sells Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Hermitage, TN Hermitage, TN

Zip **Country** **Zip** **Country**
 37076 USA 37076 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 13-4147118 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

CT Corporation System
 1200 South Pine Island Road
 Plantation, Florida 33324

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.

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

9. Capital Contributions as Shown on record. 1.00 **10. Amount of Capital Contributions** in FLORIDA to date. _____

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M00000002710 D&T Services GP LLC 4022 Sells Drive Hermitage, TN 37076	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (11/00)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Barbara S. Newman **Barbara S. Newman** **3-28-01** **615-882-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #