

B00000000398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

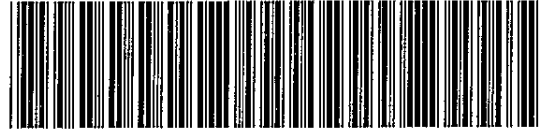
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 133636 4356039  
AUTHORIZATION : *Patricia Pizeto*  
COST LIMIT : \$ 35.00

ORDER DATE : January 10, 2005  
ORDER TIME : 10:51 AM  
ORDER NO. : 133636-055  
CUSTOMER NO: 4356039  
CUSTOMER: Mr. Gary Hart  
Deloitte & Touche  
4022 Sells Drive  
Hermitage, TN 37076-2930

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CHANGE OF AGENT

NAME: DELOITTE SERVICES LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DELOITTE SERVICES LP  
Name of the limited partnership

2. 12/28/2000 Date of filing/registration in Florida  
3. B00000000398 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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5. The name and address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Barbara S. Newman  
Signature of General Partner  
Barbara S. Newman, General Partner of  
Deloitte & Touche USA LLP member of  
D&T Services GP LLC, General Partner of  
Deloitte Services LP

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company  
Elizabeth A. Dawson  
Signature of Registered Agent  
Elizabeth A. Dawson, Asst. Vice President

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**