

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

1063

DOCUMENT # M00000002035

1. Entity Name

DELOITTE CONSULTING (US) LLC



03 FEB 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1633 Broadway

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, NY

City & State

4. FEI Number

06-1454515

Applied For

Not Applicable

Zip

10019

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM Debitte Consulting (US Global) LLC
1633 Broadway
New York, NY 10019

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

900012460749

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert J. Glatz

2/10/03

Date

Daytime Phone #

212-489

1600

CR2E083B (12/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 13, 2003

DELOITTE CONSULTING (US) LLC
1633 BROADWAY
NEW YORK, NY 10019

SUBJECT: DELOITTE CONSULTING (US) LLC
Ref. Number: M00000002035

We have received your document for DELOITTE CONSULTING (US) LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 003A00009781



3003

ACCOUNT NO. : 0721000000032

REFERENCE : 928866 7119910

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia Pizutto

ORDER DATE : February 12, 2003

ORDER TIME : 9:56 AM

ORDER NO. : 928866-025

CUSTOMER NO: 7119910

CUSTOMER: Ms. Lisa Terminiello
Deloitte Consulting(global)llc
Floor 35th
1633 Broadway
New York, NY 10019-6754

ANNUAL REPORT FILING

NAME: DELOITTE CONSULTING (US) LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

RECEIVED
03 FEB 13 AM 11:47
DIVISION OF CORPORATION

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____