

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -7 AM 9:52

mtm  
4/8

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000391**

DELOITTE & TOUCHE CONSULTING GROUP LLC  
C/O KAREN WATSON  
1633 BROADWAY  
NEW YORK NY 10019

1a. Principal Place of Business Address

C/O KAREN WATSON  
1633 BROADWAY  
NEW YORK NY 10019

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

10/10/1996

DE

4. FEI Number

☐ Applied For

☐ Not Applicable

06-1454515

5. Date of Last Report

6. Certificate of Status Desired

12/16/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CORPORATION SERVICE , COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, etc.

City

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\*\*\*\*188.75 \*\*\*\*188.75

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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DELOITTE & TOUCHE CONS	1633 BROADWAY	NEW YORK NY

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND FULLY PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Deloitte & Touche Consulting Group Holding LLC,  
Managing Member, by: Robert J. Glatz

212-489-1600

Date Daytime Phone #