2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000391 . 1. Entity Name DELOITTE CONSULTING LLC					FILED			
					00 JAN 24 PM 3: 41.			
Principal Plac C/O KAREN V 1633 BROADV NEW YORK N	VAY	Mailing Address C/O KAREN WATSON 1633 BROADWAY NEW YORK NY 10019-6708			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing		3. Mailing Address	ling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	4. FEI Number		oplied For	
Zip	Country	Zip	Country			\$5.00 Add		
1201 HAY	6. Name and Address of Current I ATION SERVICE COMPANY 'S STREET SSEE FL 32301-2525	Registered Agent	Name Street		7. Name and Address of New Region	stered Agent	e	
9. TITLÉ NAME	MANAGING MEMBE MGR DELOITTE & TOUCHE CONSULTI	FILE N Make Check Pa RS/MEMBERS Deleta	10. TITLE NAME	\$50.00 rtment of S		□ Changa 19401	1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1633 BROADWAY NEW YORK NY 10019	☐ Deleta	STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		******5			
STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		V	Change	Addition	
TITLE MAME STREET ADDRESS ĈĨYY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Change	Addition	
indicated	certify that the information supplied with a on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	the same legal ef- report as required	fect as if mad by Chapter	le under oath; that I am a managing	member or manage	er of the	

Date 212-489-1600 Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER