LIMITED LIABILITY COMPANY  Output  ANNUAL REPORT  1999				ELORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 99 MAR 16 PM 4: 34						
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								NEUGETARY OF STATE					
1. Name and Mailting Address DOCUMENT # M9600000393 DELOITTE & TOUCHE CONSULTING GROUP HOLDING LLC C/O KAREN WATSON 1633 BROADWAY NEW YORK NY 10019								1.711111					
2. Principal Place of Business 2a. Maili				ing Address				=	ed or Qualified	ł	te of Formation		
Suite, Apt. #, etc. Suite			Suite, Ap	Apt. #, etc.			1 _	/10/1	.996	DE	To.		
City & State			City & St	ate		06-1454513				Applied For  Not Applicable			
Ζιρ	Country				ту	5. Date of Last Report 06/26/1998			6. Certificate of Status Desired  \$8.75 Additional Fee Required				
	7. Name	and Address of Current F	Registered	Agent			Name 8	nd Addres	s of New Regis	stered Age	nVOffice		
CORPORATION SERVICE , COMPAN 1201 HAYS STREET TALLAHASSEE FL 32301 00000282072 -03/26/9901113				Street Address (F									
****[88.13 ****				*100:10			Zip Code  FL  Iliability company submits this statement for the purpose of changing						
its register	ed office or regi	istered agent, or both, in the accept the obligations.											
SIGNATU	RE	(Registered Agent Accepting Ag	IOTE. Registered Agent's grature required when reinstating			DAΤΕ							
<b>10.</b> Title	. Title Managing Members/Managers			Business Street Address				City, State and Zip Code					
MGR	DENNING, RICHARD			1633 BROADWAY				NEW YORK NY					
MGR	FERRERO, HENRY J			1633 BROADWAY				NEW YORK NY					
MGR	KANGAS, EDWARD			1633 BROADWAY				NEW YORK NY					
MGR	GR KELLY, DANIEL J			1633 BROADWAY				NEW YORK NY					
MGR	GR MCCRACKEN, DOUGLAS M				1633 BROADWAY			NEW YORK NY					
MGR	MGR MITCHELL, CHRISTIAN M				1633 BROADWAY				NEW YORK NY  54.22-99				
indicated of limited liab attachmen	on this annual re ility company or t with an addres	the information supplied with aport is true and accurate ar rithe receiver or trustee emps.	nd that my s cowered to	ignature shall h	ave the : ort as re	same legal effect as	s if made 608, Flor	under oath ida Statute	i; that I am a ma s; and that my n	naging mer	mber or manager of the		

ARE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN'S MEMBER OR MATALER.

Daytone Francia #

SIGNATURE:

INHSE10 R (12-98)