

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M96000000393**

1. Entity Name **DELOITTE & TOUCHE CONSULTING GROUP HOLDING LLC**

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O KAREN WATSON
1633 BROADWAY
NEW YORK NY 10019

C/O KAREN WATSON
1633 BROADWAY
NEW YORK NY 10019-6708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1454513

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR DENNING, RICHARD**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

☐ Change ☐ Delete
500003117875-4
-02/01/00--01041--014
*******55.00 *****55.00**

TITLE ☐ Delete
NAME **MGR FERRERO, HENRY J**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY-10019**

☐ Change ☐ Delete

TITLE ☐ Delete
NAME **MGR KANGAS, EDWARD**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

☐ Change ☐ Delete

TITLE ☐ Delete
NAME **MGR KELLY, DANIEL J**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

☐ Change ☐ Delete

TITLE ☐ Delete
NAME **MGR MCCracken, DOUGLAS M**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

☐ Change ☐ Delete

TITLE ☐ Delete
NAME **MGR MITCHELL, CHRISTIAN M**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

☐ Change ☐ Delete

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:

ROBERT J. GLATZ

Robert J. Glatz, Manager

1/17/00

212-489-1

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

Date

Daytime Phone #