

|  |                         |   |          |  |         |                  |  |
|--|-------------------------|---|----------|--|---------|------------------|--|
| No. <b>W 25301</b>   |                         | <b>Due no later than Jul 31, 2010</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                       |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                         | <b>Annual Report Form</b>   |          | CORPORATION SERVICE COMPANY<br>1401 SHORELINE DR STE 2<br>BOISE ID 83702 |         |                  |  |
|  |                         | <b>1. Mailing Address: Correct in this box if needed.</b><br>DELOITTE CONSULTING EXTENDED BUSINESS SERVICES LLC<br>MIKE WOODS<br>4022 SELLS DR<br>HERMITAGE TN 37076<br>USA |          | 3. <u>New</u> Registered Agent Signature:*                               |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                         |   |          |  |         |                  |  |
| Office Held  | Name                    | Street or PO Address  | City     | State  | Country | Postal Code      |  |
| MEMBER   | DELOITTE CONSULTING LLP | 1633 BROADWAY   | NEW YORK | NY   | USA     | 10019            |  |
| 5. Organized Under the Laws of:  |                         | 6. Annual Report must be signed.*   |          |  |         |                  |  |
| <b>DE<br/>W 25301</b>  |                         | Signature: Emily T. Warthen   |          |  |         | Date: 06/10/2010 |  |
|  |                         | Name (type or print): Emily T. Warthen  |          |  |         | Title: Partner   |  |
| Processed 06/10/2010   |                         | * Electronically provided signatures are accepted as original signatures.   |          |  |         |                  |  |