

844187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANDLEMAN COMPANY
(Name of corporation)

DOCUMENT NUMBER: 844187

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

ROBERT HAMILLA
(Name of Person)

HANDLEMAN COMPANY
(Firm/Company)

500 KIRTS BLVD.
(Address)

TROY, MI 48084
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT HAMILLA at (248) 362-4400
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

HANDLEMAN COMPANY

(Name of Corporation)

844187

(Document Number of Corporation (if known))

MICHIGAN

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

HANDLEMAN COMPANY, TAX DEPARTMENT, 500 KIRTS BLVD.

(Mailing Address)

TROY, MI 48064

(City/ State /Zip)

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TALLAHASSEE FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

8/12/05
(Date)

THOMAS K. SCHMANSKY

(Typed or printed name of person signing)

ASST./VP TAX

(Title of person signing)

FILING FEE \$35