Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002179793)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-1000

Phone

Fax Number

: (850)558-1515

DISSOLUTION OR WITHDRAWAL CMS INVESTMENT RESOURCES, INC.

| Certificate of Status | ~ |
|-----------------------|---------|
| Certified Copy | . 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

to one

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

CMS Investment Resources, Inc.

| (Name of Corporati | on) |
|---|---|
| 850512 | EC. C. |
| (Document Number of Corporal | tion (if known) |
| · | SET E |
| Pennsylvania | 70, 0 |
| (Incorporated Under Le | aws of) |
| This corporation is no longer transacting business or conducting the control of the conduction of the | |
| This corporation revokes the authority of its registered agent ppoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs in | cess based on a cause of action arising during th |
| The following is a current mailing address for the corporation: | |
| 308 E. Lancaster Avenue, Suite 300 | |
| (Mailing Address | (|
| Wynnewood, Pennsylvania 19096 | |
| (City/ State /Zip) | |
| The corporation agrees to notify the Department of State in the | future of any change in its mailing address. |
| Police & Wit- | September 1, 2010 |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) |
| Richard A. Mitchell | Vice President and Secretary |
| (Typed or printed name of person signing) | (Title of person signing) |
| | |

FILING FEE \$35