(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use Onli	



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COVER LETTER

	Amendment Section Division of Corporations				
SUBJE	CT: Systran Financial S	ervices Corporation			
		(Name of Corporation)			
DOCU	MENT NUMBER:				
The enc	closed withdrawal application	on and fee are submitted for filing.			
	return all correspondence con o the following:	cerning this			
	Cathy Murray				
		(Name of Person)			
	Textron Financial Corp	oration			
		(Firm/Company)			
	40 Westminster Street				
		(Address)			
	Providence, RI 02903				
		(City/State and Zip code)			
For furt	her information concerning the	his matter, please call:			
Cathy	Murray	at (401) 621-4235			
	(Name of Person)	(Area Code & Daytime Telephone Number)			

STREET ADDRESS:

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

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Systran Financial Services Corporation

	(Name of Corporation)
	THE SECOND SECON
	(Document Number of Corporation (if known)
О	regon Rogaria Control Rogaria
	(Incorporated Under Laws of)
	tion is no longer transacting business or conducting affairs within the State of Florida and hereburrenders its authority to transact business or conduct affairs in Florida.
ppoints the	ation revokes the authority of its registered agent in Florida to accept service on its behalf and Department of State as its agent for service of process based on a cause of action arising during the uthorized to transact business or conduct affairs in Florida.
	g is a current mailing address for the corporation:
49	49 SW Meadows Road, Suite 500
	(Mailing Address)
La	ike Oswego, OR 97035
	(City/ State /Zip)
The corporat	ion agrees to notify the Department of State in the future of any change in its mailing address.
(Signal rective)	mire of a tirector, president or other officer - if in the hands of a (Date) ver or other calin appointed fiduciary, by that fiduciary)
	Tiffrey A. Moster (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35