(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: VIECE CELL AND A 26 A 20			

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Withdrawal

11/27/02--01005--005 **35.00

O2 NOV 26 PH 4: 39
SEUTETIANT OF STATE
ALLAHASSEE ET OBLIE,

1/24/02

CT CORPORATION SYSTEM

November 26, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5731027 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

SMI RETAIL CORP. (DE) Withdrawal Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland Fulfillment Specialist Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

(Name o	f Corporation)	= 2 1
(2 (41112)		SE N
Delaware		Z6 SSE
	ed Under Laws Of)	三
(moorporat	ed Older Laws Oly	,
		35 f
This corporation is no longer transacting busi	nace or conducting affairs	within The target Florida
and hereby voluntarily surrenders its authority		
and hereby voluntarity surrenders its audiority	to transact business of co	induct arraits in Florida.
This corporation revokes the authority of its	registered agent in Flori	da to accent service on its
behalf and appoints the Department of State a		
action arising during the time it was authorize		
action arising during the time it was admonze	u to transact ousiness of c	onduct analis in 1 fortua.
The following is a current mailing address for	the cornoration	
The following is a current maning acciress for	the corporation.	
21001 Van Born Road		
(Mail	ling Address)	
Taylor, MI 48180	J. A	
(City	y/ State /Zip)	
The corporation agrees to notify the Departme	ent of State in the future of	of any change in its mailing
address		
19 1.1	~	
Dupell a. Docted	Vice President an	
Sgnature of the chairman or vice chairman of the	board, Tit	ile
president, or any officer, or if the corporation win receiver, trustee, or other court-appointed fiduciar	y, by that fiduciary.	
Eugene A. Gargaro, Jr.	November 14, 20	02
Typed or printed name	Da	te

SMI Retail Corp.