852081

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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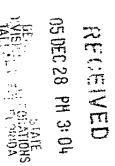


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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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6. Ocullistic DEC 2 8 2005

FICT CORPORATION

December 28, 2005

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6331321 WO

Customer Reference 1: 695900064 Customer Reference 2: 001215-G

Dear Department of State, Florida:

Please file the attached:

Baker Process, Inc. (DE) Withdrawal Florida

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

, ·

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

Sincerely,

Jennifer Murphy
Fulfillment Specialist
Jennifer.Murphy@wolterskluwer.com

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 Tel. 850 222 1092 Fax 850 222 7515

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

Baker Process, Inc.	_	-;	
(Name of Co. 852081	rporation)	FORETA	
(Document Number of Co	orporation (if known)	FILED 28 PM 4 ART OF ST	
Delaware	_	≥ -	
(Incorporated Ur	nder Laws of)	9	
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or	nducting affairs within the State of Floronduct affairs in Florida.	orida and hereby	
This corporation revokes the authority of its registered appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affa	of process based on a cause of action a		
The following is a current mailing address for the corpora	ation:		
3900 Essex			
(Mailing Address)			
Houston, TX 77027			
(City/ Stat	te/Zin)	-	
The corporation agrees to notify the Department of State i		ng address.	
(Signature of a director, president or other officer - if in the hands o receiver or other court appointed fiduciary, by that fiduciary)	0fa (Date)		
(Typed or printed name of person signing)	ASST Secrets (Title of person signing)	28)	

FILING FEE \$35