

Document Number Only

B95000000203

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

400002996224--4

-09/24/99-01047--002

*****52.50 *****52.50

CORPORATION(S) NAME

Giesecke & Devrient Systems L.P. Limited Partnership

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

09/24/99

09/24/99

RECEIVED
99 SEP 24 PM 10:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

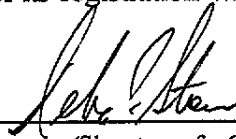
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 PM 1:16

**CERTIFICATE OF CANCELLATION
FOR**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 PM 1:16

Giesecke & Devrient Systems, L.P. Limited Partnership
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.



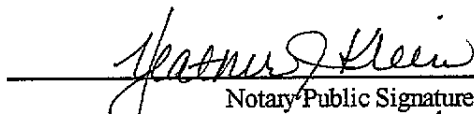
(Signature of a General Partner)

Giesecke & Devrient America, Inc.
Debra Storms, Vice President

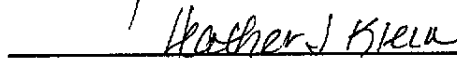
STATE OF Virginia
COUNTY OF Gwin

On this 17th day of September, 1999, Debra E Storms for
Giesecke & Devrient America, Inc.
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Notary Public Signature



Notary's Printed Name

Seal

My Commission Expires: June 30, 2003