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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: PSB Inc.					
(Name of corporation	on)				
DOCUMENT NUMBER: 23-2337356 (EIN)	<u></u>				
The enclosed withdrawal application and fee are submit	tted for filing.				
Please return all correspondence concerning this matter to the following:					
Lois Schure					
(Name of Person)					
PSB Inc t/a PS Business Interiors					
(Firm/Company)					
1045 S. Trooper Rd.					
(Address)					
Norristown PA 19403					
(City/State and Zip code)					
For further information concerning this matter, please ca	ll:				
Lois Schure at (610					
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section				

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

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

	PSB Inc.			
-		(Name of Corpora	tion)	
	23-2337356	(EIN)		
_	(De	ocument Number of Corpor	ation (if known)	
_	Pennsylvania			
_		(Incorporated Under	Laws of)	
	oration is no longer transact y surrenders its authority to		ting affairs within the State of Florida and duct affairs in Florida.	ad hereby
appoints t		s agent for service of pr	ont in Florida to accept service on its beocess based on a cause of action arising on Florida.	
The follow	wing is a current mailing add	lress for the corporation	# HARY	m
_	1045 S. Trooper Rd.	(Mailing Addre	mg =	
	Norristown PA 1940	` •	SIAIE	, 3. . 3.
	المالية المالية المالية المالية والمالية المالية المالية المالية المالية المالية المالية المالية المالية المال	(City/ State /Z	ip)	
The corpo	oration agrees to notify the E	Department of State in the	ne future of any change in its mailing add	Tess.
	Jul Seluce	L	4/9/04 (Date)	
(S re	lightaure of a director, president or oth ceiver or other court appointed fiduci	ary, by that fiduciary)	(Date)	
	Jack Schure		President	
	(Typed or printed name of person s	signing)	(Title of person signing)	

FILING FEE \$35