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AUG -8 PM 4:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



C T CORPORATION SYSTEM

Requestor's Name
 660 East Jefferson Street

Address
 Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

100003349161--3
 -08/08/00--01050--007
 *****35.00 *****35.00

Scirex Corporation withdrawal

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS
- After 4:30
- Pick Up

DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

08 AUG - 8
 11:22

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Name	
Availability	8/8/00
Document Examiner	AR
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Verifier	
Acknowledgment	
W.P. Verifier	

8/8

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 THANKS

LAURA EARNEST

FILE FIRST

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

FILED
AUG - 8 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Scirex Corporation
(Name of Corporation)

Delaware
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.


This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

40 Scirex Corporation - CT, 2701 N. Rocky Point Drive #560
(Mailing Address)

Tampa, Florida 35607
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 Asst. Secretary
Signature Title

Brian Peterson, Asst. Secretary _____
Typed or printed name Date