# F00000004917

Office Use Only



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#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: A.I.N. Corporation		
(Name of Corporation)		
DOCUMENT NUMBER: F0000004917		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Glenn E. Fuller, Chief Legal Officer		
(Name of Person)		
Autobytel Inc.		
(Firm/Company)		
18872 MacArthur Blvd.		
. (Address)		
Irvine, CA 92612		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Glenn E. Fuller at ( 949 ) 225-4500		
(Name of Person) (Area Code & Daytime Telephone Number)		

#### **MAILING ADDRESS:**

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

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

A.I.N. CORPORAT	TON S S
(Name of Corporation)	
F000000491	TON  OR TON  O
(Document Number of Corporation	(if known)
CALIFORNIA	
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	affairs in Florida.  Florida to accept service on its behalf and based on a cause of action arising during the
time it was authorized to transact business or conduct affairs in Fig.	nda.
The following is a current mailing address for the corporation:	
c/o Autobytel Inc., 18872 MacArthur Blvd	1.
(Mailing Address)	
Irvine, CA 92612	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	nre of any change in its mailing address.  10/22/2008 (Date)
Glenn E. Fuller	SVP/CLO/Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**