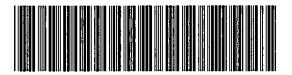
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(Red	questor's Name)	
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WITHdrawal

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A RAMSEY

COVER LETTER

TO:	Amendment Section Division of Corporations				
~*·	Plan Renefit Services Inc				
SUBJI	ECT:	(Name of Corporation	1)		
DOCU	MENT NUMBER: F01000000875				
The en	closed withdrawal application and t	fee are submitted for fi	ling.		
	return all correspondence concerning to the following:	this			
•	Phillip Mattek				
		(Name of Person)			
	Fringe Benefit Group				
		(Firm/Company)			
	11910 Anderson Mill Rd.				
		(Address)			
	Austin, TX 78726				
	(C	ity/State and Zip code)		
For fur	ther information concerning this matt	er, please call:			
Phillip	at (903) 617-6716				
Enclos	(Name of Person) ed is a check for the amount:	(Area Cod	le & Daytime Telephone Number)		
√ \$35	Filing Fee \$\int \$\\$43.75 \text{ Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle		

Tallahassee, FL.32314

Tallahassee, FL. 32301

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

Plan Benefit Services, Inc.

(1	Name of Corporation)			
F01000000875				
(Document N	umber of Corporation (if known)			
	LC FI			
Texas	5			
(Inco	rporated Under Laws of)			
This corporation is no longer transacting busin voluntarily surrenders its authority to transact b	ess or conducting affairs within the State of Florida and hereby usiness or conduct affairs in Florida.			
This corporation revokes the authority of its a appoints the Department of State as its agent f the time it was authorized to transact business of	registered agent in Florida to accept service on its behalf and for service of process based on a cause of action arising during or conduct affairs in Florida.			
The following is a current mailing address for the	he corporation:			
11910 Anderson Mill Rd.				
(Mailing Address)				
Austin, TX 78726				
(City/ State /Zip)				
The corporation agrees to notify the Departmen	t of State in the future of any change in its mailing address.			
(Signature of a director, president or other officer - if receiver or other court appointed fiduciary, by that if	in the hands of a (Date) induciary)			
Terance McCann	Secretary			
(Typed or printed name of person signing)	(Title of person signing)			