

F01000001232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

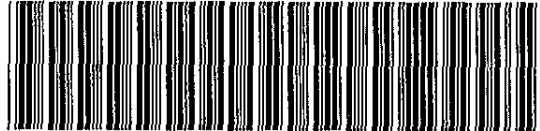
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11/12/04--01009--008 \*\*35.00

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04 NOV 12 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 NOV 12 AM 9:54  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*FOR  
11/12/04*

**CT CORPORATION**

November 11, 2004

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 6160698 WO  
Customer Reference 1: None  
Customer Reference 2: Per-Se Transaction Servic

Dear Department of State, Florida:

Please obtain the following:

Per-Se Transaction Services, Inc. (IN)  
Withdrawal  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy  
Fulfillment Specialist  
Jennifer\_Murphy@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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

Per-Se Transaction Services, Inc.

(Name of Corporation)

F01000001232

(Document Number of Corporation (if known))

Indiana

(Incorporated Under Laws of)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 for the corporation:

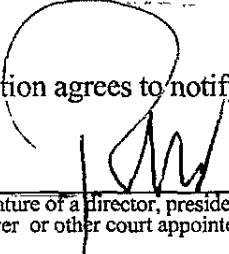
1145 Sanctuary Parkway, Suite 200

(Mailing Address)

Alpharetta, GA 30004

(City/ State /Zip)

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

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

October 27, 2004  
\_\_\_\_\_  
(Date)

Robert Q. Jones

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**FILING FEE \$35**