F0/0000451/

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ · Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400097664414

Withdrawal



DEPARTITION DE ST DIVISION DE CORPORA TALLAHASSEE, FLOI

7 APR 27 PH 3: 50

4)30lo7



IN SERVICE COMPANY				
ACCOUNT NO. : 07210000032				
REFERENCE : 872281 4366930				
AUTHORIZATION: Smelkble man				
COST LIMIT : \$ 35.00				
ORDER DATE: April 27, 2007				
ORDER TIME : 3:25 PM				
ORDER NO. : 872281-015				
CUSTOMER NO: 4366930				
FOREIGN FILINGS				
NAME: CROMPCO CORPORATION D/B/A				
CROMPCO CORPORATION OF PA				
XX CORPORATE				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY CERTIFICATE OF STATUS				
COMPACT PERSON PARTY OF THE COMPACT PARTY OF THE CO				
CONTACT PERSON: Debbie Skipper - EXT# 2948				

EXAMINER:

FILED

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWALOFS AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA TALLAHASSEE. FLORIDA

Crompco Corporation d/b/a Crompco Corporation of PA

(Name of Corporation)	
F01000004511	
(Document Number of Corporation (if	known)
Pennsylvania	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affa voluntarily surrenders its authority to transact business or conduct affa	
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of process be time it was authorized to transact business or conduct affairs in Florid	sed on a cause of action arising during the
The following is a current mailing address for the corporation:	
1815 Gallagher Road	
(Mailing Address)	
Plymouth Meeting, PA 19462	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Carmen S. Carfagno (Typed or printed name of person signing)	of any change in its mailing address. 4/23/ (Date) President (Title of person signing)
(-16 L Langer of D.m. 0)	(

FILING FEE \$35