F01000006374

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SECRETARY OF STATE DIVISION OF CORPORATION 2: 20

Withdrawal 6-8-04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Tricon Pharmaceuticals, Inc.	
(Name of cor	poration)
DOCUMENT NUMBER: F01000006374	
The enclosed withdrawal application and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Mark Weedon	
(Nam	e of Person)
Tricon Pharmaceuticals, Inc.	
(Firm	/Company)
PO Box 12345	
(A	Address)
Research Triangle Park, NC 27	709-2345
(City/Stat	e and Zip code)
For further information concerning this matter, plea	ase call:
Mark Weedon at	(919) 484-9346
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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

Tricon Pharmaceuticals, Inc.

(Name of Cor	•
	orporation (if known) Inder Laws of) Questing affairs within the State of Florida and had
F01000006374	
(Document Number of Co	orporation (if known)
	7
Delawarc	بــ
(Incorporated Un	ider Laws of)
	ڢ
This corporation is no longer transacting business or con-	ducting offgire within the State of Florida and ha
voluntarily surrenders its authority to transact business or	ducting arrans within the State of Florida and here
This corporation revokes the authority of its registered	
appoints the Department of State as its agent for service of	
time it was authorized to transact business or conduct affai	irs in Florida.
The following is a current mailing address for the corporat	tion:
The following to a carrow maximg accords for the corporat	
PO Box 12345	
(Mailing Ac	ddress)
Research Triangle Park, NC 27709-2345	
(City/ State	e /Zip)
The companion garage to notify the Department of State is	- de Coton - Como de maio (12 - 11 - 11 - 11 - 11 - 11 - 11 - 11
The corporation agrees to notify the Department of State in	in the future of any change in its mailing address.
/M. / 1 / / / / /	$M \rightarrow 0 \rightarrow 000$
(Signature of a director, president or other officer - if in the hands of	10(ay 20, 2007
receiver or other court appointed fiduciary, by that fiduciary)) (Date)
Mark Weedon	President
(Typed or printed name of person signing)	(Title of person signing)
FILING FI	EE \$35