| (Requestor's Name) | | |
|---|--------------|--|
| | | |
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | A AIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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2014 PLR 13 PM 4: 21

14 HAR 13 AM 8: 17

APPROVED AND FILED

C. LEWIS

MAR 1 4 2014

EXAMINER



| TON SERVICE COMPANY | | |
|---|--|--|
| ACCOUNT NO. : 12000000195 | | |
| REFERENCE : 022586 7964431 | | |
| AUTHORIZATION : | | |
| COST LIMIT : \$ 35.00 | | |
| ORDER DATE : February 21, 2014 | | |
| ORDER TIME : 3:27 PM | | |
| ORDER NO. : 022586-205 | | |
| CUSTOMER NO: 7964431 | | |
| | | |
| FOREIGN FILINGS | | |
| | | |
| NAME: IPRIMUS USA, INC. | | |
| | | |
| XX CORPORATE | | |
| LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | | |
| | | |
| XXXX WITHDRAWAL/CANCELLATION | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | |
| CERTIFICATE OF STATUS | | |
| CONTACT PERSON: Susie Knight - EXT# 52956 | | |

EXAMINER:

APPROVEL AND FILED

14 MAR 13 AM 8: 17

SECRETARY OF STATE TALL AHASSEE, PLORIDA

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

| IPRIMUS USA, INC. | |
|---|---|
| (Name of Corporation | n) |
| F0200000010 | 1 |
| (Document Number of Corporation | on (if known) |
| Delaware | |
| (Incorporated Under Law | vs of) |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs. The following is a current mailing address for the corporation: 460 Herndon Parkway, Suite 150 | ct affairs in Florida. in Florida to accept service on its behalf and cess based on a cause of action arising during |
| (Mailing Address) | F |
| Herndon, VA 20170 (City/ State /Zip) | |
| The corporation agrees to notify the Department of State in the formula of State in the formula of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | in its mailing address. March, 05, 2014 (Date) |
| Gerry Vanderpost | Vice President, Finance |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35