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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SAGE SYSTEMS TO	ECHNOLOGIES, INC. OF PENNSYLVANIA	
(Name of corporation)		
DOCUMENT NUMBER: F02000	0000785	
DOCUMENT NUMBER.		
The enclosed withdrawal application a	nd fee are submitted for filing.	
Please return all correspondence concern matter to the following:	ning this	
KRISTIN C. REED		
(Name of Person)		
SAGE SYSTEMS TECHNOLOGIE	S ALCON IN	
(Firm/Company)	PET 2	
1018 WEST NINTH AVENUE, #20	O3 JAN 27 PH 4: 00 TALLAHASSEE, FLORIT	
(Address)	FLCS: F	
KING OF PRUSSIA, PA 19406	PATE NRIDA	
(City/State and Zip code)		
For further information concerning this	matter, please call:	
KRISTIN C. REED	at (610) 354-9100	
(Name of Person)	(Area Code & Daytime Telephone Number)	
CTREET ADDRESS.	MAILING ADDRESS.	
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL. 32399	Tallahassee, FL. 32314	

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

SAGE SYSTEMS TECHNOLOGIES, INC. OF F	PENNSYLVANIA
(Name of Corporation)	
COMMONWEALTH OF PENNSYLVANIA	
(Incorporated Under Laws	s Of)
This corporation is no longer transacting business or cond and hereby voluntarily surrenders its authority to transact business.	
This corporation revokes the authority of its registered a behalf and appoints the Department of State as its agent for action arising during the time it was authorized to transact	or service of process based on a cause of
The following is a current mailing address for the corporat	ion:
1018 WEST NINTH AVENUE, #202	
(Mailing Address)	
KING OF PRUSSIA, PA 19406	
(City/ State /Zip)	
TOOLS COLOR	n the future of any change in its mailing
Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduc	Title iary.
KRISTIN C. REED	12 DEC 2002
Typed or printed name	Date Date JLC:\LAI