

| (Ř                                      | equestor's Name)        |        |
|-----------------------------------------|-------------------------|--------|
| (A                                      | ddress)                 |        |
| (A                                      | ddress)                 |        |
| (C                                      | City/State/Zip/Phone #) |        |
| PICK-UP                                 | ☐ WAIT                  | MAIL   |
| (Business Entity Name)                  |                         |        |
| (Document Number)                       |                         |        |
| Certified Copies                        | Certificates of         | Status |
| Special Instructions to Filing Officer: |                         |        |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                  |                                                                       |                                                                                                                |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| SUBJECT: Hypertronics Cor                                                                       | poration                                                              |                                                                                                                |
|                                                                                                 | Name of Corpora                                                       | ation)                                                                                                         |
| DOCUMENT NUMBER: F020000                                                                        | 04917                                                                 |                                                                                                                |
| The enclosed withdrawal application and for                                                     | ee are submitted fo                                                   | or filing.                                                                                                     |
| Please return all correspondence concerning t matter to the following:                          | his                                                                   |                                                                                                                |
| Brian Mitchell                                                                                  |                                                                       |                                                                                                                |
|                                                                                                 | (Name of Person)                                                      |                                                                                                                |
| Smiths Interconnec                                                                              | t America:                                                            | s, Inc.                                                                                                        |
|                                                                                                 | (Firm/Company)                                                        |                                                                                                                |
| 5101 Richland Aver                                                                              | nue                                                                   |                                                                                                                |
|                                                                                                 | (Address)                                                             |                                                                                                                |
| Kansas City, KS 66                                                                              | 106                                                                   |                                                                                                                |
| (Ci                                                                                             | ty/State and Zip co                                                   | ode)                                                                                                           |
| For further information concerning this matte                                                   | er, please call:                                                      |                                                                                                                |
| Brian Mitchell                                                                                  | <sub>at (</sub> 913                                                   | 342-5544 Code & Daytime Telephone Number)                                                                      |
| (Name of Person) Enclosed is a check for the amount:                                            | (Area (                                                               | Code & Daytime Telephone Number)                                                                               |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                      | \$43.75 Filing For<br>Certified Copy<br>(Additional copy<br>Enclosed) | Certificate of Status & Certified                                                                              |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314 |                                                                       | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301 |

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

(Name of Corporation)

**Hypertronics Corporation** 

| F02000004917                                                                                                                                                                                                 |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| (Document Number of Corporation (                                                                                                                                                                            | (if known)                                   |
| Massachusetts                                                                                                                                                                                                |                                              |
| (Incorporated Under Laws o                                                                                                                                                                                   | ot)                                          |
| This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a                                                                   | ·                                            |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in | ss based on a cause of action arising during |
| The following is a current mailing address for the corporation:                                                                                                                                              | 18 FI                                        |
| 5101 Richland Avenue                                                                                                                                                                                         | 新 H H H H H H H H H H H H H H H H H H H      |
| (Mailing Address)                                                                                                                                                                                            | PH P                                         |
| Kansas City, KS 66106                                                                                                                                                                                        | PHIZ: 1                                      |
| (City/ State /Zip)                                                                                                                                                                                           |                                              |
| The corporation agrees to notify the Department of State in the futu                                                                                                                                         | are 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)                                                                  | 1/28/18 (Date)                               |
| Brian Mitchell                                                                                                                                                                                               | Treasurer                                    |
| (Typed or printed name of person signing)                                                                                                                                                                    | (Title of person signing)                    |