

F03000005134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

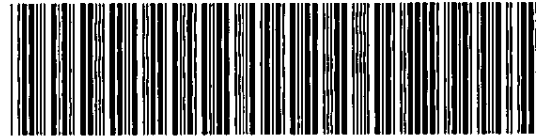
(Business Entity Name)

(Document Number)

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14 FEB 26 AM 10:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 AM 11:47

5102 5 2 893

T. LEMIEUX

(Handwritten signature)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 971348 7924335

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 22, 2014

ORDER TIME : 5:21 PM

ORDER NO. : 971348-030 *PLEASE FILE 1ST**

CUSTOMER NO: 7924335

FOREIGN FILINGS

NAME: ICON CLINICAL RESEARCH 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: _____

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

ICON Clinical Research Inc.

(Name of Corporation)

F03000005134

(Document Number of Corporation (if known))

PA

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


2100 Pennbrook Parkway

(Mailing Address)

North Wales, PA 19454

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future 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)

02/21/2014

(Date)

Richard Piechowski

(Typed or printed name of person signing)

Assistant Treasurer

(Title of person signing)

FILING FEE \$35

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