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## DISSOLUTION OR WITHDRAWAL WAMU INSURANCE SERVICES, INC.

Certificate of Status	0
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## COVER LETTER

Division of Corporations	
SUBJECT: WaMu Insurance Services, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: F0400000485	95
The enclosed withdrawal application and	d fee are submitted for filing.
Please return all correspondence concernite matter to the following:	ng this
	(Name of Person)
	(Firm/Company)
	(Address)
((	City/State and Zip code)
or further information concerning this ma	tter, pleuse call:
	at (
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 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)

WaMu Insurance Services, Inc.

F0400004895 (Document Number of Corporation (If known)	
California (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and here voluntarily surrenders its authority to transact business or conduct affairs in Florida.	aby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	and the
The following is a current mailing address for the corporation:	
10 S. Dearborn, IL1-0290 (Mailling Address)	M JUL 26 PM 12: 2
Chicago, IL 60603	6 
(City/ State /Zip)	12:21
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	U-1
(Signature of a director, president for other officer - if in the hands of a receiver or other court appointed figureary, by that fiductary)  (Date)	
Marie Jordan Secretary (Typed or printed name of person signing) (Title of person signing)	
(Typed or printed name of person signing)  FILING FEE \$35	•

FL032 - 92/02/2084 C.T. Paling Manager Galline