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COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: Franklin Pump Systems, Inc. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: <u>F040000</u> 6828
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brooke Moore (Name of Person)
(Name of Person)
Franklin Electric
(Firm/Company)
clo Tax Department, 400 E Spring Street (Address)
(Address)
Bloffon IN 46714
(City/State and Zip code)
For further information concerning this matter, please call:
Brooke Moore at (260) 827-5395
(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

Franklin Pump Systems Inc (Name of Corporation)			
(Name of Corporation)			
F04000006838			
(Document Number of Corporation (if known)			
Arkansas			
Ar Kan Sas (Incorporated Under Laws of)			
الولية والرواد المقطر والأسار المستخصص والرواد المستخدمة المستخدمة والمستخدمة والمستخدمة والمعادمة والمعادمة ا الولية والرواد المقطر والأسارة المستخدمة والرواد المستخدمة والمستخدمة والمستخدمة والمستخدمة والمعادمة والمستخدم			
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: Frontlin Electric			
Tax Department, 400 E Spring Street (Mailing Address)			
Bluffton/IN/46714 (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 (Date)			
receiver or other court appointed fiduciary, by that fiduciary)			
Michael K. Butchko (Typed or printed name of person signing) Secretary + Treasurer (Titlefof person signing)			

FILING FEE \$35