F04000001111

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (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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08/05/10--01013---011 **35.00



W. Modranous (10, 8/5/10)

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Worldspan Techr | nologies, Inc. |
| | (Name of Corporation) |
| DOCUMENT NUMBER: | F04000007177 |
| The enclosed withdrawal applica | ation and fee are submitted for filing. |
| Please return all correspondence c matter to the following: | concerning this |
| Patti Meudt | · |
| | (Name of Person) |
| Travelport | |
| | (Firm/Company) |
| 300 Interpace Parkwa | ay, Building C |
| | (Address) |
| Parsippany, NJ 0705 | 4 |
| - 1 1 Z | (City/State and Zip code) |
| For further information concerning | g this matter, please call: |
| Patti Meudt | at (973) 939-1143 |
| (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

| 1 | Worldspan Tech | mologies, Inc. | | | |
|-----------------------------|--|--|---------------------------------------|-----------------------|--|
| _ | | (Name of C | orporation) | | |
| | F | 040000071 | 77 | • | 题 |
| , * . | | (Document Number of C | Corporation (if known) | | E E |
| · · · · · · | Delaware | en e | | | ن ن ن |
| _ | | (Incorporated U | Inder Laws of) | | |
| appoints the time it was | ne Department of So s authorized to trans | e authority of its registered tate as its agent for service sact business or conduct aff iling address for the corpor | of process based or fairs in Florida. | | |
| , , | 300 Galleria Par | • | | | |
| _ | | (Mailing | Address) | | |
| | Atlanta, GA 303 | | | | |
| _ | | (City/ Sta | ate /Zip) | | |
| | | | | | |
| The corpor | ration agrees to not | ify the Department of State | in the future of any | change in its mailii | ng address. |
| Sign (P) | phatyre of a director, presi leiver or other court appo | dent or other officer - if in the hands inted fiduciary, by that fiduciary) | ofa | 7/13/2018 | <u>) </u> |
| Ro | ochelle Boas | | SVF | & Secretary | |
| | / Lungd or printed no | ma of parcon cigning) | | (Title of person sign | ing i |

FILING FEE \$35