## F05000000180

| (Rec                      | uestor's Name)   |                    |
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| (Add                      | ress)            |                    |
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| (City                     | /State/Zip/Phone | <del>?</del> #)    |
| PICK-UP                   | WAIT             | MAIL               |
| (Bus                      | iness Entity Nan | ne) :              |
| (Doc                      | ument Number)    |                    |
| Certified Copies          | Certificates     | of Status <u>·</u> |
| Special Instructions to F | iling Officer:   |                    |
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SECKE BARY OF STATE DIVISION OF CARPORATIONS



LORI ANN ARNOLD PARALEGAL DIRECT DIAL: (816) 292-8243 larnold@spencerfane.com

File No. 3285001.1

November 5, 2009

**Division of Corporations** Florida Secretary of State P. O. Box 6327 Tallahassee, FL 32314

> Re: NCM Associates, Inc.

Dear Clerk:

Enclosed please find for filing the cover letter, Application By Foreign Corporation For Withdrawal of Authority to Transact Business in Florida for filing. I have also enclosed our firm filing fee check in the amount of \$35.00. Please process the enclosed documents at your earliest convenience and return a certified copy of the file-stamped documents to me in the enclosed selfaddressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Lori Ann Arnold, Paralegal

LAA/em Enclosures

> 1000 Walnut Street, Suite 1400 Kansas City, Missouri 64106-2140

(816) 474-8100

www.spencerfane.com

Fax (816) 474-3216

WA 1231114.1

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                       |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: NCM Associates, Inc.  |  |  |  |  |  |
| (Name of Corporation)  |  |  |  |  |  |
| DOCUMENT NUMBER: F05000000180  |  |  |  |  |  |
| The enclosed withdrawal application and                              | fee are submitted for filing.          |  |  |  |  |
| Please return all correspondence concerning matter to the following: | g this                                 |  |  |  |  |
| Lori A. Arnold, Paralegal  |  |  |  |  |  |
|  | (Name of Person)                       |  |  |  |  |
| Spencer Fane Britt & Brow  | wne LLP                                |  |  |  |  |
| (Firm/Company)   |  |  |  |  |  |
| 1000 Walnut Street, Suite  | <del>2</del> 1400                      |  |  |  |  |
|  | (Address)                              |  |  |  |  |
| Kansas City, MO 64106  |  |  |  |  |  |
| (City/State and Zip code)  |  |  |  |  |  |
| For further information concerning this mat                          | tter, please call:                     |  |  |  |  |
| Lori A. Arnold   | at ( 816 ) 292-8243                    |  |  |  |  |
| (Name of Person)   | (Area Code & Daytime Telephone Number) |  |  |  |  |
| MAILING ADDRESS:   | STREET ADDRESS:                        |  |  |  |  |

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

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

NCM Associates, Inc.

|   | (rame or corporation                    | <i></i> ,                   | 18 SEC. 19   |
|---|---|-----------------------------|--|
| F05000000180  |   |                             | 9 0000   |
|   | (Document Number of Corporati           | ion (if known)              | The state of the s |
|   |   |                             | 10. Salar  |
| Missouri  | (Incorporated Under La                  | uve of                      |  |
|   | (incorporated order La                  | ws oi)                      |  |
| This corporation is no longer tra<br>voluntarily surrenders its authorit                            |   |                             | of Florida and hereby  |
| This corporation revokes the au appoints the Department of State time it was authorized to transact | as its agent for service of proc        | ess based on a cause of ac  |  |
| The following is a current mailin   | g address for the corporation:          |                             |  |
| 10551 Barkley, S  |   |                             |  |
| ······································  | (Mailing Address)                       |                             |  |
| Overland Park, h  |   |                             |  |
|   | (City/ State /Zip)                      |                             |  |
| The corporation agrees to notify  | the Department of State in the          | future of any change in its | s mailing address.   |
| (Signature of a director, president receiver or other court appointed                               | or other officer - if in the hands of a | //- \ \                     | 2009   |
| Factrick  | Duve C                                  | Vice Pres                   | 100 noi  |
| (Typed or printed name of   | of person signing)                      | (Title of per               | rson signing)  |

**FILING FEE \$35**