

9/2/2014 12:01:06 From: To: 8506176380

( 1/3 )

Division of Corporations

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**F05000007361**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

14 SEP -2 AM 11:00

STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
FAX

**DISSOLUTION OR WITHDRAWAL  
CAPITALSOURCE INC.**

Certificate of Status	0
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**C. LEWIS**  
SEP 3 2014  
**EXAMINER**

### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CapitalSource Inc.  
(Name of Corporation)

DOCUMENT NUMBER: F05000007361

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Kori Ogrosky

(Name of Person)

CapitalSource Inc.

(Firm/Company)

5404 Wisconsin Avenue, 2nd Floor

(Address)

Chevy Chase, MD 20815

(City/State and Zip code)

For further information concerning this matter, please call:

Kori Ogrosky

(Name of Person)

at ( 301 ) 634-6793

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

14 SEP -2 AM 11:00

**CapitalSource Inc.**

(Name of Corporation)

F05000007361

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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.

5404 Wisconsin Avenue, 2nd Floor

(Mailing Address)

Chevy Chase, MD 20815

**(City/State/Zip)**

\_\_\_\_\_

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

September 2, 2014

(Disc)

**Kori Ogrosky**

(Typed or printed name of person signing)

**Corporate Secretary**

(Title of person signing)

FILING FEE \$35