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Тог

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

## DISSOLUTION OR WITHDRAWAL DIEBOLD ACTCOM SECURITY SYSTEMS, INC.

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T. ROBERTS

6/14/2012

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APPLICATION BY FOREIGN CORPORA	TION FOR WITHDRAWAL OF			
AUTHORITY TO TRANSACT BUSINESS OR	CONDUCT AFFAIRS IN FLORIDA			
	SEG LU			
Diebold Acteom Security Systems, Inc.				
(Name of Corporati	on)			
F06000004741	A CONTRACTOR OF THE PROPERTY O			
(Document Number of Corporat	ion (if known)			
Delaware	\$100			
Delaware (Incorporated Under La	ws of)			
(·····································				
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of protection it was authorized to transact business or conduct affairs.  The following is a current mailing address for the corporation:  5995 Mayfair Road  (Mailing Address)	in Florida to accept service on its behalf and ocess based on a cause of action arising during			
North Canton, OH 44720				
(City/ State /Zip)				
The corporation agrees to notify the Department of State in the f	inture of any change in its mailing address.			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	President and Secretary			
Chad F. Hesse (Typed or printed name of person signing)	(Title of person signing)			
(1) han ar hannan umun ar henden telehnish	( s rese as because sifetisff)			
FILING FEE \$35	;			

PLIPSZ - USVLMZOTZ Wolues Klower Quine

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: Diebold Acteom Security System	ıs, Inc.		
	<b>.</b>	(Name of Corporation	on)	
DOC	UMENT NUMBER: F06000004741			
The er Please	closed withdrawal application an return all correspondence concern	nd fee are submitted for in this matter to the fo	iling. llowing:	
	1	(Name of Person)		
	(Firm/Company)			
		(Address)		
		(City/State and Zip code	)	
For fur	ther information concerning this me	atter, please call:		
		at ()		
Enclose	(Name of Person) ed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)	
\$35	Filing Fee \$\sum \$\\$43.75 \text{Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	☐\$52.50 Filing Fee, Certificate of Status & Certified 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	

PL032 - 05/16/2012 Wollan Khrwer Onling