

F070000000978

10/2/2013 15:57:26 From: To: 8506176380

(1/4)

No Data Submitted
Division of Corporations

Page 1 of 1

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
13 OCT -2 AM 10:56

REVOCATION OF DISSOLUTION
TECHNIP USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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October 2, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TECHNIP USA, INC.
11700 KATY FREEWAY,
SUITE 150
HOUSTON, TX 77079US

SUBJECT: TECHNIP USA, INC.
REF: F07000000978

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The State of Incorporation listed on the withdrawal application does not match our records.

According to our records the State of Incorporation is Delaware not Louisiana.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H13000219061
Letter Number: 413A00023184

RECEIVED

13 OCT -2 PM 3:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

RS542057

CCH-LIS
CTUCC Fulfillment Pulls Work
540/545 - Driver

10/01/2013 8:57:4
Page - 1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Technip USA, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F07000000978

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Struckhoff

(Name of Person)

Technip USA, Inc.

(Firm/Company)

11700 Katy Freeway, Suite 150

(Address)

Houston, TX 77079

(City/State and Zip code)

For further information concerning this matter, please call:

Brenda Struckhoff

at (281) 249-3708

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 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

FILED (4/4)
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -2 AM 10:56

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Technip USA, Inc.

(Name of Corporation)

F07000000978

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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:

11700 Katy Freeway, Suite 150

(Mailing Address)

Houston, Texas 77079

(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
receiver or other court appointed fiduciary, by that fiduciary)

John M. Freeman

(Typed or printed name of person signing)


(Date)

Secretary

(Title of person signing)

FILING FEE \$35