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(((H150000486973)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL CHASE STUDENT LOANS, INC.

Certificate of Status	0
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COVER LETTER

10:	Amendment Section Division of Corporations			
SUBJ	Chase Student Loans, Inc.			
CODE		ame of Corporatio	n)	
DOC	UMENT NUMBER: F07000004630			
The e	enclosed withdrawal application and fee	are submitted for f	īling.	
	e return all correspondence concerning this er to the following:	s		
	Keith Morton			
	(1)	lame of Person)		
JPMorgan Chase Bank, N.A.				
(Firm/Company)				
1 E Oltio Street, Floor 14				
(Address)				
	Indianapolis, IN, 46204-1912			
	(City/	State and Zip code	2)	
For f	urther information concerning this matter,	please call:		
Keith Morton		at ()	236-5731	
Encl	(Name of Person) used is a check for the amount:	(Area Co	de & Daytime Telephone Number)	
\$3	Certificate of Status C	\$43.75 Filing Fee of Certified Copy (Additional copy is Enclosed)	& S52.50 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	

Chase Student Loans, Inc.

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

	(Name of Corporation) F07060004630		
F07			
	(Document Number of Corporation (if known)		
Del	laware		
	(Incorporated Under Lav	vs of)	
	ation is no longer transacting business or conductin surrenders its authority to transact business or condu		
appoints the	ation revokes the authority of its registered agent Department of State as its agent for service of product affairs	ocess based on a cause of action arising during	
The following	ng is a current mailing address for the corporation:		
11	11 Polaris Parkway, Floor 2A		
	(Mailing Address)		
Ço	lumbus, OH 43240-2050		
	(City: Sinte /Zip)		
The corpora	ation agrees to notify the Department of State in the	future of any change in its mailing address.	
,	Votal Markon	2/23/15	
(Sign	ature of a director, president or other officer - if in the hands of a liver or other court appointed liduciary, by that fiduciary)	(linte)	
Keit	h Morton	Director and Treasurer	
	(T) ped or printed name of person signing)	(Title of person signing)	

FILING FEE \$35