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To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

(850)521-1000

Fax Number

: (850)558-1575

DISSOLUTION OR WITHDRAWAL

HAEMOPHARM INC.

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Electronic Filing Menu

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Help

/ Jaan

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

HAEMOPHARM INC.		
(Name of Corporation	on)	
F07000005336		
(Document Number of Corporate	ion (if known)	
New Jersey		
(Incorporated Under La	we 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 processing the corporation of the parameters of the process of the corporation of the process of the proce	ect affairs in Florida. in Florida to accept service on its behiness based on a cause of action arising dur	alf and
time it was authorized to transact business or conduct affairs in	Florida.	09
The following is a current mailing address for the corporation:	CRE I	FEB
Parker Plaza, 400 Kelby Street		-5
(Mailing Address)	U TES	PH PH
Fort Lee, New Jersey 07024	TA:	: 2
(City/ State /Zip)	D _A	27
The corporation agrees to notify the Department of State in the f	future of any change in its mailing address	S.
W1.11 Weby-	February 5, 2009	
(Signature of a different, president or other officer - if in the bands of a receiver or other court appointed fiduciary, by that fiduciary)	(Dair)	
Michael W. Mackay	Secretary	
(Typed or printed name of person signing)	(Title of person againg)	

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