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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Fireside Bank Inc. (Name of Corporation)		
DOCUMENT NUMBER: F0800000208		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Marguerite Torres (Name of Person)		
Fireside Bank (Firm/Company)		
5050 Hopyard Rd., Ste. 200 (Address)		
Pleasanton, CA 94588		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Marguerite Torres at (800) 933-2323, x 57281 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

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

3 40 3

Fireside Bank Inc.	-
(Name of Corporation)	
F0800000208	
F080000208 (Document Number of Corporation (if known)	
California	
California (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Flovoluntarily surrenders its authority to transact business or conduct affairs in Florida.	orida and hereby
This corporation revokes the authority of its registered agent in Florida to accept service of appoints the Department of State as its agent for service of process based on a cause of action a time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
5050 Hopyard Rd. Ste. 200 (Mailing Address)	SECR FALLA 08 MA
(Mailing Address)	HAS HAS
Pleasanton, CA 94588	13.38 13.38 14.00 16.00
(City/ State /Zip)	PH 4: 18
	B RIGH
The corporation agrees to notify the Department of State in the future of any change in its maili	ng address.
(Signature of a director, president dr other) officer fr in the hands of a (Date)	
(Signature of a director, president or other officer is in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	
Tara L. Murphy Vice Presid (Typed or printed name of person signing) (Title of person signing)	ent '

FILING FEE \$35