Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL **BOWNE GCOM2 SOLUTIONS, INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

1/18/2011

COVER LETTER

TO:	Amendment Section	
	Division of Corporations	
SUBJ	ECT: Bowne Gcom2 Solutions, Inc.	
	(Nan	ne of Corporation)
DOC	JMENT NUMBER: F08000000780	
The en	closed withdrawal application and fee are	submitted for filing.
	return all correspondence concerning this to the following:	
	(Nar	ne of Person)
	(Fin	n/Company)
	(Address)
	(City/Sta	te and Zip code)
For fur	ther information concerning this matter, ple	ase call:
		t()
-	(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING 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

Bowne Gcom2 Solutions, Inc.	بي .			
(Name of Corporation)	THE LAND SEE. FLORIDO			
	500 美一			
F08000000780	要 6 人			
(Document Number of Corporation (If kn	own)			
	r. Co. G			
Delaware				
(Incorporated Under Laws of)	36.0			
	•			
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:				
111 S. Wacker Drive, 38th Floor (Mailing Address)				
· -				
Chicago, 1L 60806				
(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 cooking of ficer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	1/12/2011 (Date)			
receiver or other court appointed fiduciary, by that inductary)				
Maureen Kopp	Asst. Secretary			
(Typed or printed name of person signing)	(Title of person signing)			

FILING FEE \$35