# F08000003863

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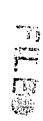
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2011 APR -5 PH 4: 11



### **COVER LETTER**

ΓO: Amendment Section Division of Corporations	
SUBJECT: StoneRiver, Inc. (dl	ba StoneRiver Insurance Solutions, Inc.)
	(Name of Corporation)
OCUMENT NUMBER: F08000	003863
he enclosed withdrawal application a	and fee are submitted for filing.
lease return all correspondence concernatter to the following:	ming this
Janell Bishop, Paraleg	al
	(Name of Person)
Godfrey & Kahn, S.C.	
	(Firm/Company)
780 N. Water Street	
	(Address)
Milwaukee, Wi 53202	
	(City/State and Zip code)
or further information concerning this	matter, please call:
lanell Bishop, Paralegal	at ( 414 ) 273-3500
(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

StoneRiver, Inc. (dba StoneRiver In	surance Solutions, Inc.)
(Name of Corpo	oration)
F08000003863	oration (if known)
(Document Number of Corp	oration (if known)
Delaware	The Research
(Incorporated Unde	r Laws of)
This corporation is no longer transacting business or condu- voluntarily surrenders its authority to transact business or co	
This corporation revokes the authority of its registered as appoints the Department of State as its agent for service of ptime it was authorized to transact business or conduct affairs	process based on a cause of action arising during the
The following is a current mailing address for the corporation	
250 N. Sunny Slope Road, Suite 11	
(Mailing Add	ress)
Brookfield, WI 53005	
(City/ State /	Σι <b>ρ</b> )
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.
Sales a Jensen	February 23, 2011
(Signature of a director, president or other officer - if in the hands of a preciver or other court appearated fiduciary, by that fiduciary)	(Date)
Julia A. Jensen	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35