# F0900001948

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### **COVER LETTER**

TO:	Amendment Section			
	Division of Corporations			
SUBJ	ECT:	SRA International, Inc.		
	<u> </u>	(Name of Corporation)		
DOC	UMENT NUMBER:	F0900001948		
The e	nclosed withdrawal applicat	ion and fee are submitted for filing.		
	e return all correspondence correct to the following:			
•		Michelle Hayden (Name of Person)		
(Name of Person)				
		SRA International, Inc.		
		(Firm/Company)		
	4300 Fair Lakes Ct.			
	(Address) Fairfax, VA 22033			
		(City/State and Zip code)		
For fu	urther information concerning			
	Michelle Hayd	at (703) 803-1500 (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

SRA International, Inc.	
(Name of Corporation)	•
F09000001948	
(Document Number of Corporation (if known)	
(Incorporated Under Laws of)	e
This corporation is no longer transacting business or conducting affairs within the	he State of Florida and hereby
voluntarily surrenders its authority to transact business or conduct affairs in Floric	
This corporation revokes the authority of its registered agent in Florida to accappoints the Department of State as its agent for service of process based on a cautime it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	•4
4300 Fair Lakes Ct.	For 7
(Mailing Address)	
Fairfax, VA 22033	29 M 2583 M
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any chan	ge in its mailing address
Sin al	24/12
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Tim AHKiH (Typed or printed name of person signing)	Citle of person signing)

**FILING FEE \$35** 

(Title of person signing)