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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL NFL PLAYER CARE FOUNDATION, INC.

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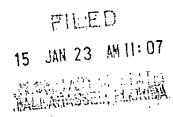
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	NFL PLAYER CARE FOUNDATION	D N	
		(Name of Corporation	1)
DOC	UMENT NUMBER: F10000004271		
The e	nclosed withdrawal application and t	fee are submitted for fi	ling.
	e return all correspondence concerning r to the following:	; this	
	Brendan M. Wilson		
		(Name of Person)	
	Caplin & Drysdale, Chtd.		
		(Firm/Company)	
	One Thomas Circle, NW, Suite 1100		
		(Address)	
	Washington, DC 20005		
	(0	City/State and Zip code)
For f	urther information concerning this mat	ter, please call:	
Brend	an M. Wilson	at ()	62-7813
Enclo	(Name of Person) sed is a check for the amount:	(Ārēa Cod	le & Daytime Telephone Number)
⊠\$ 3	5 Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301



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

NI	L PLAYER CARE FOUNDATION
	(Name of Corporation)
PI	0000004271
	(Document Number of Corporation (if known)
DE	LAWARE
_	(Incorporated Under Laws of)
	stion is no longer transacting business or conducting affairs within the State of Florida and hereby surrenders its authority to transact business or conduct affairs in Florida.
appoints the	ation revokes the authority of its registered agent in Florida to accept service on its behalf and Department of State as its agent for service of process based on a cause of action arising during was authorized to transact business or conduct affairs in Florida.
The followi	ng is a current mailing address for the corporation:
34	5 PARK AVENUE
_	(Mailing Address)
N	EW YORK, NY 10154
_	(City/ State /Zip)
The corpora	ation agrees to notify the Department of State in the future of any change in its mailing address.
(Sign	sture of a director, president or other of their right fiduciary. by that fiduciary) (Date)
	Belindu Lese were (Typed or printed dama of person signing) (Trile of person signing)

FILING FEE \$35