(Re	equestor's Name)		
(Ac	ddress)		
(Ad	ddress)		
; (Ci	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
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ACCOUNT NO. : 12000000195			
REFERENCE : 017131 7116721			
AUTHORIZATION:			
COST LIMIT : \$ 35.00			
ORDER DATE : February 18, 2014			
ORDER TIME : 10:57 AM			
PLEASE FILE 1ST*** ORDER NO. : 017131-005			
CUSTOMER NO: 7116721			
<u>FOREIGN FILINGS</u>			
NAME: SYSTEMAX GLOBAL SOLUTIONS INC.			
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY			
XXXX WITHDRAWAL/CANCELLATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS			
CONTACT PERSON: Susie Knight - EXT# 52956			
FYAMTNED.			

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

Systemax Global Solutions Inc.

f:

(Name	of Corporation)	
(Document Numbe	er of Corporation (if known)	·····
DELAWARE		
(Incorpora	ated Under Laws of)	
This corporation is no longer transacting business ovoluntarily surrenders its authority to transact business		Florida and hereby
This corporation revokes the authority of its regist appoints the Department of State as its agent for se the time it was authorized to transact business or con	ervice of process based on a cause of ac	
The following is a current mailing address for the co	orporation:	
11 Harbor Park Drive		
(Mail	ling Address)	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Port Washington, NY 11050		
(City	y/ State /Zip)	99 38 SABA
The corporation agrees to notify the Department of S	State in the future of any change in its ma	ailing address.
(Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary	thands of a (Date)	
Eric Lerner , Se wity	Secretary	
(Typed or printed name of person signing)	(Title of person s	igning)

FILING FEE \$35