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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

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DISSOLUTION OR WITHDRAWAL PHARMACYCLICS, INC.

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COVER LETTER

	ment Section on of Corporations		
SUBJECT: F	harmacyclics, Inc.		
		Name of Corporation)
DOCUMENT	NUMBER: F14000001359		
The enclosed v	vithdrawal application and fe	e are submitted for fil	ing.
Please return a matter to the fo	ill correspondence concerning to blowing:	his	
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	Abbric Inc	· · · · · · · · · · · · · · · · · · ·	
		(Firm/Company)	1
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' .	100 ret Chul	(Address) OOO, TU (y/State and Zip code)	- 10EXO+
For further inf	ormation concerning this matte	r, please call:	
Futuun Enclosed is a	(Name of Person) check for the amount:	at (SU) (Area Cod	Bo-Loa LO 7 E & Daytime Telephone Number)
\$35 Filing	Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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Pharmacyclics, Inc.



15 JUN 30 AM 10: 22

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

(Name of Corporation)			
F14000001359			
(Document Number of Corporation (if	(known)		
(
Delaware			
(Incorporated Under Laws of)			
This corporation is no longer transacting business or conducting aff voluntarily surrenders its authority to transact business or conduct af			
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising during		
The following is a current mailing address for the corporation:			
Attn: Tax Department I N Waukegan Road, AP 34-2			
(Mailing Address)			
• •			
North Chicago, IL 60064			
(City/ State /Zip)			
(Oily) diam (Dip)			
The corporation agrees to notify the Department of State in the futur (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	e of any change in its mailing address. (Dece)		
William J. Chase (Typed or printed name of person signing)	Manager of Pharmacyclics LLC (Ilk/a Oxford Amberst LLC), Successor in Interest to Pharmacyclics, Inc. (Title of person signing)		

FILING FEE \$35