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(Re	equestor's Name)	
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(Cil	ty/State/Zip/Phone	e#)
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COVER LETTER,

TO: Amendment Section Division of Corporations	
SUBJECT: BAXALTA EXPORT CORPORATION (Name of Corporation)	
DOCUMENT NUMBER: FISO00002000	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LENIN LOPEZ	
LENIN LOPEZ (Name of Person)	
BAXALTA EXPORT CORPORATION (Firm/Company)	
(Firm/Company)	
1200 LAKESIDE DR.	
1200 LAKESIDE DR. (Address)	
BANNOCK BURN 16 60015 (City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
LENIN LOPEZ at (\$24) 948-3197	
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)	
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	

Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Division of Corporations

Tallahassee, FL.32314

P.O. Box 6327

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

BAXALTA EXPORT CORPORATION (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known)
OELAWARE (Incorporated Under Laws of)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
1200 LAKESIDE OR GAILING Address)
(Mailing Address)
BANNOCK BURN, IL 6015
BANNOCK BURN, IL 6015 (City/ State /Zip) 1200 LAKESIDE OR. (Mailing Address) (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other-officer—if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
LENIN LOSEZ (Typed or printed name of person signing) ASST. SECRETARY (Title of person signing)