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(Ke	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: XLerant, Inc.	(Name of Corpora	tion)
	(Name of Corpora	ation)
DOCUMENT NUMBER:	00000	028.18
The enclosed withdrawal application and	fee are submitted for	or filing.
Please return all correspondence concerning matter to the following:	this	
Joanne E. Brunn		
	(Name of Person))
XLerant, Inc.		
	(Firm/Company)	
500 Summer Stree	t - Suite 40	00
	(Address)	
Stamford, CT 0690)1	
(C	City/State and Zip c	ode)
For further information concerning this matt	ter, please call:	
Joanne E. Brunn	_{at (} 203	883-4380
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cop 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 266! Executive Center Circle Tallahassee, FL, 32301

cneck#3553

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

(Name of Corporation)

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XLerant, Inc.

F15000002878		130 B	
(Document Number of Corporation (if known)	<u>- (2) </u>		(
Delaware		AHII:	
(Incorporated Under Laws of)	521	N	
This corporation is no longer transacting business or conducting affairs within the State 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 ser appoints the Department of State as its agent for service of process based on a cause of the time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
500 Summer Street - Suite 400			
(Mailing Address)			
Stamford, CT 06901			
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the future of any change in it	s mailin	g addr	ess.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	<u>///</u>	•	
Joanne E. Brunn CEO			
(Typed or printed name of person signing) (Title of pe			