

(Re	questor's Name)		
(Address)			
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(Do	cument Number)		
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COVER LETTER

	Amendment Section Division of Corporations				
	INTALIO INO				
SUBJE	CT: 1141/ALIO, 1140.	(Name of Corporation))		
	T150000		511)		
DOCUN	$_{MENT\ NUMBER:}$ F150000	03900			
The encl	losed withdrawal application and f	ee are submitted for	filing.		
	eturn all correspondence concerning the following:	this			
	A	NGELINE TA	AN		
(Name of Person)					
	SAGENT MANAGEMENT				
	(Firm/Company)				
	691 S. MILPITAS BOULEVARD, SUITE 212				
		(Address)			
	MILP	ITAS, CA 95	5035		
	(C	ity/State and Zip cod	e)		
For furth	her information concerning this matt	er, please call:			
ANG	SELINE TAN	at (408	263-1040 EXT.123		
Enclosed	(Name of Person) d is a check for the amount:	(Area Co	de & Daytime Telephone Number)		
\$35 F	Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy in Enclosed)	Certificate of Status & Certified		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

INTALIO, INC.	
(Name of Corporation)	
F15000003900	
(Document Number of Corporation (if known)	
DELAWARE	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	eby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf 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:	**
691 S. MILPITAS BOULEVARD, SUITE 292 6	eun Pan
MILPITAS. CA 95035	า ว
MILPITAS, CA 95035	
(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 giver officer - if in the hands of a (Date)	-
Typed or printed name of person signing) Receiver or other court appointed fiduciary, by that fiduciary) COO & CFO (Typed or printed name of person signing) (Title of person signing)	_