

F93000000910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

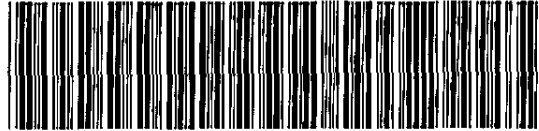
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200046118342

FILED
05 FEB 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 FEB 10 AM 10:47
Office of the Secretary of State
Tallahassee, Florida

Withdr.

C. Conliffe FEB 10 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 194090 53500B

AUTHORIZATION *Patricia Pigato*
COST LIMIT : \$ 35.00

ORDER DATE : February 9, 2005

ORDER TIME : 9:45 AM

ORDER NO. : 194090-005

CUSTOMER NO: 53500B

CUSTOMER: Ms. Suzanne M. Benevenga
Fiserv, Inc.
255 Fiserv Drive
P O Box 979
Brookfield, WI 53008-0979

FOREIGN FILINGS

NAME: FISERV NCSI, INC.

- CORPORATE
- LIMITED PARTNERSHIP
- LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER: _____

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

Fiserv NCSI, Inc.
(Name of Corporation)

F93000000910
(Document Number of Corporation (if known))

Maryland
(Incorporated Under Laws of)

FILED
05 FEB 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

255 Fiserv Drive
(Mailing Address)

Brookfield, WI 53045
(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)

1/27/05
(Date)

Charles W. Sprague, Secretary
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35