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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (650)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL TRAPEZE SOFTWARE GROUP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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KT CORPORATION

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|-------------|---|--|--|--|--|
| SUB | Trapeze Software Group, Inc. | | | | |
| J C E C | (Name of Corporation) | | | | |
| DOC | CUMENT NUMBER: F93000002663 | | | | |
| The e | losed withdrawal application and fee are submitted for filling. | | | | |
| | return all correspondence concerning this to the following: | | | | |
| | Catherine Lui | | | | |
| | (Name of Person) | | | | |
| | Trapeze Software Group, Inc. | | | | |
| | (Firm/Company) | | | | |
| | 5800 Explorer Drive, 5th Floor | | | | |
| | (Address) | | | | |
| | Mississauga, Ontario L4W 5K9 Canada | | | | |
| | (City/State and Zip code) | | | | |
| For fi | ther information concerning this matter, please call: | | | | |
| bree.b | monte@wolterskiuwer.com 212 590-9310 | | | | |
| Enclo | (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) ed is a check for the amount: | | | | |
| <u></u> \$3 | Filing Fee S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) | | | | |
| | 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 | | | | |

£2.032 - 01/25/2012 Wolsters Kluwer Online

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

| | (Name of Corporation) | ACC H |
|--------------|--|---|
| P93000002663 | | AR 27 |
| ** | (Document Number of Corporation (if known) | Fig. 2 |
| Arizona | | 1. S. Y. S. |
| | (Incorporated Under Laws 01) | |

This corp voluntari

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:

| | (Mailing Address) | |
|-------------------------------------|-------------------|--|
| Mississauga, Ontario L4W 5K9 Canada | | |

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signiture of a director, president or other officer - if in the hands of a ceceiver or other court appointed fiduciary, by that fiduciary)

Steve Cirvicata (Typed or printed name of person signing)

FILING FEE \$35

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