

CT CORPORATION SYSTEM

906 Olive Street  
St. Louis, MO 63101  
Tel. 314 231 8380  
Fax 314 231 6454

March 1997

F 930000003673

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

900002123079--3  
-03/25/97--01027--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: KOCH GP SERVICES, INC. (Kansas Domestic)  
Order #: 798227

Counsel: Ms. Nancy Smith  
Koch Industries, Inc.  
P.O. Box 2256  
Wichita, KS 67201

Gentlemen:

As requested by counsel, we enclose for filing withdrawal documents on behalf of this corporation, together with funds in payment of the required fees.

Evidence of the filing should be returned to this office by regular mail.

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number: 1-800-325-2671.

Very truly yours,

*Angela K. Boron*

Angela K. Boron  
Associate Customer Specialist

akb

Enclosure

*OM*  
*F 930000003673*  
*FF Wilm*  
*3 24 97*

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

Koch GP Services, Inc.

(Name of Corporation)

Kansas

(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

(Mr. David Luce) 4111 E. 37th St. North

(Mailing Address)

Wichita, Kansas 67220

(City - State - Zip)

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

*F. Lynn Markel*

Signature

3/10/97

Date

F. Lynn Markel

Typed or printed name

Vice President

Title

# F93000004415

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Perkins Coie EIN or SS#: 91-0591206

Address: 1201 Third Avenue, 40th Floor  
Seattle, WA 98101-3099

Amount: \$35.00 Date Paid 3/20/97

Reason for claim: A withdrawal for PEC OMEGA HOLDING COMPANY, INC., was previously  
filed on 12-24-96, therefore, another withdrawal is not required.

(Charter #F93000004415)

Certified true and correct this 25 day of March, 19 97.

Signature Joyce Miller

\* Must be completed if authority is other than Section 215.26, Florida Statutes.  
LFJ/AMENDMENT SECTION

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01049-004</u> dated <u>3-18-97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Authorized Signature and Title)