## F9300005459

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Withdrawd

11/26/03--01030--007 \*\*35.00 \_



13 NOV 26 PN 3: 06
ECRETAIN OF STATE
LLANASSEE, FLORINA

## **CT** CORPORATION

November 26, 2003

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5971885 SO

Customer Reference 1: 16440-17 Customer Reference 2: Won Bae

Dear Department of State, Florida:

Please file the attached:

Gould Instrument Systems, Inc. (OH) Withdrawal Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie\_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Gould Instrument Systems, In	nc.
	corporation)
<b>(</b>	,
DOCUMENT NUMBER: F93000005459	
The enclosed withdrawal application and fee	are submitted for filing.
Please return all correspondence concerning this matter to the following:	s
Nicole Reese	<u> </u>
(Name of Person)	
FFHSJ	_
(Firm/Company)	
1 New York Plaza	
(Address)	<del>-</del>
New York, NY 10004	
(City/State and Zip code)	_
For further information concerning this matter,	please call:
Nicole Reese	at ( 212 ) 859-8330
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL. 32399	Tallahassee, FL. 32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS 3: 06 IN FLORIDA TALLAHASSEE, FLURIDA

Godia instrument systems, inc.	<u> </u>
(Name of Corporation)	
Ohio	
(Incorporated Under Laws Of)	
·	
This corporation is no longer transacting business or conducting as	ffairs within the State of Florida
and hereby voluntarily surrenders its authority to transact business	
and neverty voluntarity surrenders as authority to transact business	or conduct arrairs in Florida.
	F1:4- 4
This corporation revokes the authority of its registered agent in	-
behalf and appoints the Department of State as its agent for service	-
action arising during the time it was authorized to transact business	s or conduct affairs in Florida.
The following is a current mailing address for the corporation:	
c/o SPX Corporation, 13515 Ballantyne Corporate Place	
(Mailing Address)	
Charlotte, NC 28277	
(City/ State /Zip)	_
The corporation agrees to notify the Department of State in the fut	ure of any change in its mailing
address.	are or any example in its maining
address.	
1	
(b) 1 d	10.5
Signature of the chairman or vice chairman of the board,	VP + Susciary
president or any officer or if the corporation is in the hands of a	Title /
president, or any officer, or if the corporation is in the hands of a received trustee, or other court-appointed fiduciary, by that fiduciary.	
•	, ,
Christopher J. Kearney	Title  11/31/03
Typed or printed name	Date