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## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: RELOCATION FINANCIAL SERVICES INC. (Name of Corporation)					
DOCUMENT NUMBER: F94000000616					
The enclosed withdrawal application and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JOHN C HESSE					
(Name of Person)					
RELOCATION FINANCIAL SERVICES INC.					
(Firm/Company)					
1625 STATE ROUTE 10E					
(Address)					
MORRIS PLAINS, NJ 07950					
(City/State and Zip code)					
For further information concerning this matter, please call:					
JOHN C MESSE at ( 973 ) 605/631					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: MAILING ADDRESS:					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	<b>7</b>			
	RELOCATION	Name of Cor	SERVICES, INC.	
				To the second
	F94000000	D616		OF EST. LONG.
		Document Number of Co	orporation (if known)	Carle 2
	MASSACHUSETTS			
		(Incorporated Un	der Laws of)	
This corpor appoints the	surrenders its authority to ration revokes the authors Department of State as	o transact business or ority of its registered its agent for service or	conduct affairs in Florida.  agent in Florida to accep f process based on a cause	State of Florida and hereby of service on its behalf and of action arising during the
time it was	authorized to transact bu	siness or conduct affa	irs in Florida.	
The followi	ng is a current mailing a	ddress for the corporat	tion:	
<u> 16</u>	25 STATE ROUTE	10E,		
		(Mailing Ac	idress)	
	MORRIS PLAINS	NJ 07950 (City/State	e /Zip)	
		(,		
The corpora	ation agrees to notify the	Department of State is	n the future of any change	in its mailing address.
	John Mar		1/23	7/05
(Sign rece	ature of a director, president or o viver or other court appointed fid	ther officer - if in the hands of uciary, by that fiduciary)	fa ————————————————————————————————————	(Date)
•	JOHN C. HESSE		ASST. TR	EASURER
-	(Typed or printed name of pe	rson signing)	(Title	e of person signing)

**FILING FEE \$35**