| P.O. BOX 2284 | 600019 | 74 |
|---|---|---|
| Address Cinnaminson, N.T.O. City/State/Zip Phone | 8077 | SECRETARY DIVISION OF COL |
| CORPORATION NAME(S) & DOC | Office Use Only UMENT NUMBER(S), (if known): | F STATE PORATIONS |
| 1(Corporation Name) | (Document #) | |
| 2. (Corporation Name) | (Document #) | ······································ |
| 3(Corporation Name) | | 032871709 ./13/0001062010 ****35.00 ******35.00 |
| 4. (Corporation Name) | (Document #) | |
| ☐ Walk in ☐ Pick up time | | ied Copy |
| ☐ Mail out ☐ Will wait | Photocopy Certifi | icate of Status |
| NEW FILINGS | AMENDMENTS | |
| ☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other | Amendment Resignation of R.A., Officer/I Change of Registered Agent Dissolution/Withdrawal Merger | Director |
| OTHER FILINGS | REGISTRATION/QUALIFICA | TION |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other | lethdr. Raye 6/20/00 |
| | | ner's Initials |

CR2E031(7/97)

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

| HANLON TRANSPORTATION SYSTEMS, INC. |
|---|
| (Name of Corporation) |
| STATE OF NEW JERSEY |
| (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. |
| |
| |
| P.O. BOX 2284 |
| (Mailing Address) |
| CINNAMINSON, NJ 08077 |
| (City / State / Zip) |
| |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address. |
| |
| PRESIDENT |
| Signature of the chairman or vice chairman of the board, president, or any officer. Title |
| |
| THOMAS M. HANLON |
| Typed or printed name / Date |
| |

SECRETARY OF STATE DIVISION OF CORPORATION