## Florida Department of State Division of Corporations Public Access System

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

DISSOLUTION OR WITHDRAWAL

CB CASCADES, INC.

| Certificate of Status | 0       |
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CT CORPORATION SYSTM

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CT SYSTEM

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| APPLICATION BY FOREIGN CORPORA  | ATION FOR WITHDRAWAL OF                             |
|---|---|
| AUTHORITY TO TRANSACT BUSINESS OF   | CONDUCT AFFAIRS IN FLORIDA                          |
|   | ntion) 24   |
| CB Cascades, Inc. (Name of Corpora  | rtion) \  |
| frame or corpore  | 72  |
|   | ~   |
| F94800002770 (Document Number of Corpo  | ration (if known)                                   |
| (   | 3   |
|   | •   |
| Delsware (Incorporated Under  | Laws of)  |
|   |   |
| This corporation is no longer transacting business or conduc  | ting affairs within the State of Florida and hereby |
| voluntarily surrenders its authority to transact business or con  |   |
| This corporation revokes the authority of its registered age  | et in Florida to commit persion on its babatic and  |
| appoints the Department of State as its agent for service of pr   |   |
| time it was authorized to transact business or conduct affairs  |   |
| The following is a current mailing address for the corporation  | · ·   |
| the terror in the section in the confinence in  | <b>(</b>  |
| 875 NORTH MICHIGAN AVENUE, 41st FL  | • • •   |
| (Mailing Addre  | 83)   |
|   |   |
| Chicago, IL 60611-1901  |   |
| (City/ State /Zi  | p)  |
|   |   |
| The corporation agrees to notify the Department of State in th  | e future of any change in its mailing address.      |
| 00001   |   |
| Signature of artification, president or other others, if in the bands of  | 1-23-106  |
| (Signature of efficient, president of other officer - if in the hands of a received careful count appointed fiduciary, by that fiduciary) | (Date)  |
| 1   |   |
| Joseph R. Senko   | Vice President                                      |
| (Typed or printed name of person signing)   | (Title of person signing)                           |

FILING FEE \$35

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