

F95000000920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

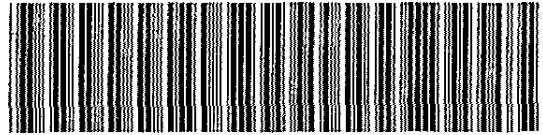
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Withdrawal/cus
@ 2/14/05



700045781947

02/08/05--01023--010 **135.00

FILED
05 FEB -8 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McKesson Corporation
One Post Street
San Francisco, CA 94104

McKESSON

Empowering Healthcare
Glenette E. Babb
Assistant Secretary
Direct Tel: 415-983-8331

January 31, 2005

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

FILED
05 FEB -8 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Moore Medical Corp., a Delaware corporation

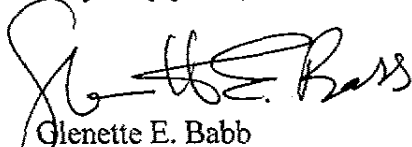
Dear Secretary:

I enclose herewith, in duplicate, the duly executed Application by Foreign Corporation for Withdrawal of Authority to Transact Business in respect of the above-mentioned corporation and a check in the amount of \$35.00 for the required filing fee.

Please return evidence of this filing in the stamped, addressed envelope provided for your convenience.

If you have any questions, please do not hesitate to contact me at (415) 983-8331 or by e-mail at Glenette.babb@mckesson.com.

Very truly yours,


Glenette E. Babb
Assistant Secretary

GEB/mw

Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOORE MEDICAL CORP.

(Name of corporation)

DOCUMENT NUMBER: F95000000920

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Glenette E. Babb

(Name of Person)

McKesson Corporation

(Firm/Company)

One Post Street

(Address)

San Francisco, CA 94104

(City/State and Zip code)

For further information concerning this matter, please call:

Glenette Babb

(Name of Person)

at (415) 983-8331

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

FILED
05 FEB -8 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MOORE MEDICAL CORP.

(Name of Corporation)

F 95000000920

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
05 FEB -8 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 for the corporation:

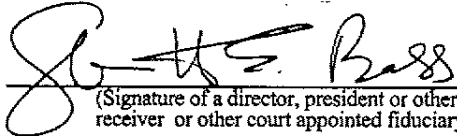
One Post Street, 33rd Floor - Attn: Glenette E. Babb

(Mailing Address)

San Francisco, CA 94104

(City/ State /Zip)

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



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

January 26, 2005

(Date)

Glenette E. Babb

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35