F95000001157

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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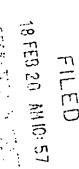
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CWC	Software, Inc. (Name of Corporation	1)
DOCUMENT NUMBER:	F95000001	
The enclosed withdrawal application a	and fee are submitted for fi	ling.
Please return all correspondence concernmenter to the following:	ning this	
	Ann S. Burn	\$
	(Name of Person)	
Ci	WC Software In	>
	(Firm/Company)	
10	, Averside Drive,	Suite 184
	(Address)	
	Laker. Me, mA	02347
	(City/State and Zip code))
For further information concerning this	matter, please call:	
In S Burns	at (781)	606.842
(Name of Person)		e & Daytime Telephone Number)
Enclosed is a check for the amount:		
\$35 Filing Fee S43.75 Filing Fee Certificate of State	& \$43.75 Filing Fee &	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		STREET ADDRESS:
Amendment Section		Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327		2661 Executive Center Circle

Tallahassee, FL.32314

Tallahassee, FL. 32301

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

CWC Scftware, Inc (Name of Corporation)
(Name of Corporation)
F95000001157
(Document Number of Corporation (if known)
Masachusetts (Incorporated Under Laws of)
(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 for the corporation:
(Mailing Address) (City/ State /Zip)
(Mailing Address)
Lakeville, MA 02347
(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 (Date)
receiver or other court appointed fiduciary, by that fiduciary)
Ross O. CHARTOFF VICE PRESIDENT (Typed or printed name of person signing) (Title of person signing)