

F95000003529



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 301738 4804661

AUTHORIZATION :

COST LIMIT : \$ 35.00

*Patricia Pizant*

ORDER DATE : July 9, 1999

ORDER TIME : 10:47 AM

500002927265--0

ORDER NO. : 301738-005

CUSTOMER NO: 4804661

CUSTOMER: Kathleen A. Finefrock, Esq  
Schwartz & Freeman  
Suite 1900  
401 North Michigan Avenue  
Chicago, IL 60611-4206

FOREIGN FILINGS

NAME: INVESTORS OF WCI, INC.

FILED  
99 JUL -9 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XXX PROFIT XX CORPORATE  
NON-PROFIT LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

C. COULLETTE JUL 09 1999

CONTACT PERSON: Janna Wilson

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 JUL -9 AM 11:21

RECEIVED

*File 18*

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

**INVESTORS OF WCI, INC.**

\_\_\_\_\_  
(Name of Corporation)

**DELAWARE**

\_\_\_\_\_  
(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.

**c/o Vivien Hastings, 24301 Walden Center Drive, Ste. 300**

\_\_\_\_\_  
(Mailing Address)

**Bonita Springs, Florida 34134**

\_\_\_\_\_  
(City/State/Zip)

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

*Vivien Hastings*  
\_\_\_\_\_  
Signature

**Secretary**

\_\_\_\_\_  
Title

**Vivien Hastings**

\_\_\_\_\_  
Typed or printed name

**6/25/99**  
\_\_\_\_\_  
Date

FILED  
JUL -9 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA