

File 2nd

F96000000044

FILING COVER SHEET

REFERENCE: 0173.5247

DATE: 1-25-99

CONTACT: CINDY HICKS

FROM: CORPORATE & CRIMINAL RESEARCH SERVICES  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301

TELEPHONE: 222-1173

SUBJECT: APB Industrial Income  
Fund, Inc

STATE FEES PREPAID WITH CHECK # 4160 FOR \$ 43.75

800002754618--5  
-01/26/99-01016--011  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

PLEASE FILE:

- ARTICLES OF INC.
- ANNUAL REPORT
- QUALIFICATION
- FICTITIOUS NAME
- TRADEMARK/SERVICE
- AMENDMENT
- MERGER
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- UCC-1
- DISSOLUTION
- WITHDRAWAL
- ANNUAL REPORT
- REINSTATEMENT
- UCC-3

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 99 JAN 25 PM 4: 58  
**FILED**

PROVIDE US WITH:

- CERTIFIED COPY
- CERTIFICATE OF STATUS
- STAMPED COPY

RECEIVED  
 99 JAN 25 PM 4: 19  
 DIVISION OF CORPORATIONS  
 Examiner Initials

*See 1/26*

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

AMB Industrial Income Fund, Inc.  
\_\_\_\_\_  
(Name of Corporation)

Maryland  
\_\_\_\_\_  
(Incorporated Under Laws Of)

**FILED**  
99 JAN 25 PM 4:58  
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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

505 Montgomery Street, Fifth Floor  
\_\_\_\_\_  
(Mailing Address)

San Francisco, CA 94111  
\_\_\_\_\_  
(City/ State /Zip)

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

*Hamid R. Moghadam*  
\_\_\_\_\_  
Signature

President  
\_\_\_\_\_  
Title

Hamid R. Moghadam  
\_\_\_\_\_  
Typed or printed name

1-18-99  
\_\_\_\_\_  
Date