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SECRETARY OF STATE

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|-----------------------|---|----------------------------|----------|---------------------------------|
| SUBJ | ECT: Mott Corporation | on | | |
| (Name of Corporation) | | | | |
| DOCU | JMENT NUMBER: F96 | 000000125 | <u>-</u> | |
| The er | closed withdrawal applica | tion and fee are submitted | l foi | r filing. |
| | return all correspondence c to the following: | oncerning this | | |
| | Gary S Scaife | | | |
| (Name of Person) | | | | |
| | Mott Corporation | | | |
| (Firm/Company) | | | | |
| | 84 Spring Lane | | | |
| (Address) | | | | |
| | Farmington, CT 06 | 032 | | |
| | | (City/State and Zip | co | de) |
| For fur | ther information concerning | this matter, please call: | | |
| Gary | S Scaife | at (860 | | 793-3990 |
| | (Name of Person) | | a C | ode & Daytime Telephone Number) |

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(Name of Corporation)

Mott Corporation

| | Pic L |
|--|--|
| F9600000125 | The second |
| (Document Number of Corpor | ration (if known) |
| State of Connecticut | ration (if known) |
| (Incorporated Under | Laws of) |
| This corporation is no longer transacting business or conduc voluntarily surrenders its authority to transact business or con | |
| This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pre time it was authorized to transact business or conduct affairs it | ocess based on a cause of action arising during the |
| The following is a current mailing address for the corporation | : |
| 84 Spring Lane | |
| (Mailing Addre | ss) |
| Farmington, CT 06032 (City/ State /Zi | p) |
| (City State 12) | r [,] |
| The corporation agrees to notify the Department of State in the (Signature of a director, president or other) officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | e future of any change in its mailing address. (Date) |
| Gary S Scaife | Vice President & CFO |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35