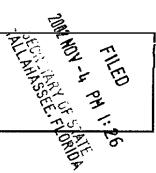
F96000000379



(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





900008660709

11/04/02--01017--017 **35.00

RECEIVED

02 NOV -4 MII: 29

DIVISION OF CLARGATION

C. Coulliste NOV 0 4 2002

CT CORPORATION

November 4, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5709179 SO

Customer Reference 1: n/a Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

LDP, Inc. (PA) Withdrawal Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

A. 7 A. A.				
				,
I DD Too d/b/s I and as Data Deconging Inc.	==		2002 NOV -4 SCCHELARY BALLAHASS	
LDP, Inc. d/b/a Leader Data Processing Inc.	<u> </u>			:
(Name of	Corporation)		SE	
			- SE < +	•
Pennsylvania			mo -	0
(Incorporate)	d Under Laws O	of)		ς.
<u></u>		•		_
			三型 三	Š
	•	er ook tat a oo		ת
This corporation is no longer transacting busine				a
and hereby voluntarily surrenders its authority t	to transact bus	siness or conduct affairs	in Florida.	
•				
This corporation revokes the authority of its t	registered age	ent in Florida to accept	service on its	c
behalf and appoints the Department of State as				Ι
action arising during the time it was authorized	to transact bu	isiness or conduct affair:	s in Florida.	
The following is a current mailing address for t	he cornoration	n'		
the following is a current maning address for t	no corporano	(3.		
DO Day O				
P.O. Box O	ng Address)			
misivi)	ig Address)			
Hazleton, PA 18201				
(City/	State /Zip)		·	
().	4,			
The corporation agrees to notify the Departmer	nt of State in t	he future of any change	in its mailing	2
address.	_		•	•
addiess.				
<u> </u>				
	-1	0055		
Charles III	<u> </u>	PRESIDENT		
Signature of the chairman of vice chairman of the be president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary,	oard,	Title		
president, or any officer, or it the corporation is in the	ne nanus of a	u,		
teceiver, musice, or outer court-appointed federary,	, oy mai nuuciary	y•		
	_4.		_	
CHARLES J. MASON		OCT. 28, 200a Date	<u>고</u>	
Typed or printed name		Date		