

F96000003220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

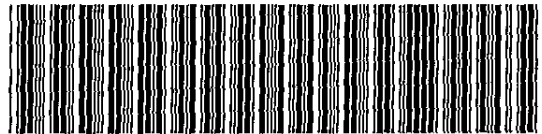
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700019152907

Withdrawn

06/02/03--01058--019 **35.00

RECEIVED
03 JUN -2 AM 11:35
DIVISION OF CORPORATION

FILED
03 JUN -2 PM 12:35
TALLAHASSEE, FLORIDA
F 2 1 3

CT CORPORATION

June 2, 2003

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

Re: Order #: 5862483 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

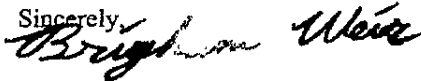
Please file the attached:

GE Clinical Services, Inc. (DE)
Post-Merger Withdrawal/Removal
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,



Brigham Weir
Fulfillment Specialist
Brigham_Weir@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**

FILED
JUN -2 PM 3:55
TALLAHASSEE, FLORIDA

GE Clinical Services, 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 for the corporation:

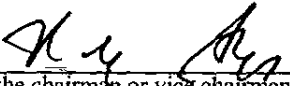
400 Woodland Prime

(Mailing Address)

Menomonee Falls, WI 53051

(City/ State /Zip)

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


Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Vice President

Title

Pamela S. Krop

Typed or printed name

5/28/2003
Date