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Attorneys

2645 SHERIDAN DRIVE TONAWANDA, NEW YORK 14150 PHONE: 716-834-9181 • FAX: 716-834-9197

September 12, 2000



VIA CERTIFIED MAIL -RETURN RECEIPT REQUESTED

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

Re:

Teltronics/SRX, Inc.

Application for Withdrawal of Authority

Dear Sir/Madam:

Enclosed please find an original and one copy of an Application for Withdrawal of Authority to be filed with your office on behalf of Teltronics/SRX, Inc.

Further enclosed is our attorney check payable to the Florida Department of State in the amount of \$43.75 in payment of the filing fee (\$35.00) and the cost for one certified copy of the filed Application (\$8.75).

Please file the enclosed at your earliest convenience and return to us the filing receipt and one certified copy of the filed Application for Withdrawal. A post paid return envelope is enclosed for your convenience in forwarding the documents.

Thank you for your assistance in this matter. Should you have any questions regarding the above, please contact the undersigned.

Very truly yours,

BLAIR & ROACH

lib Enclosures

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

| TELTRONICS/SRX. | INC. |
|--|--|
| (Name of Corporation | on) |
| DELAWARE | |
| (Incorporated Under La | avs Of) |
| (moon pointed ones) | |
| This corporation is no longer transacting business or conc Florida and hereby voluntarily surrenders its authority to Florida. | |
| This corporation revokes the authority of its registered a behalf and appoints the Department of State as its agent of action arising during the time it was authorized to Florida. | for service of process based on a cause |
| The following is a current mailing address to which the I any process against this corporation that may be served o | |
| 2150 Whitfield Indu | ustrial Way |
| (Mailing Address | |
| | |
| Sarasota, Florida 34 | 4243 |
| (City/State/Zip) | ORIDA |
| The corporation agrees to notify the Department of State mailing address Signature of President or any officer | in the future of any change in its President Title |
| Error D. Comonon | Philon |
| Ewen R. Cameron Typed or printed name | Date |
| Typod or primod name | Date |