TRANSMITTAL LETTER 5300

**TO:** Amendment Section

Division of Corporations

SUBJECT: OPTISYSTEMS, INC.	<b></b>
(Name of corporation)	÷ #:
DOCUMENT NUMBER: F96000005300	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Triesch (Name of Person)  (Name of Person)	<del></del>
Optisystems, Inc. (Firm/Company)	
2101 City West Blvd. (Address)	, To
Houston, Texas 77042 (City/State and Zip code)	<u>.</u>
For further information concerning this matter, please call:	
Michael Triesch at 713-918-4114	

## STREET ADDRESS:

(Name of Person)

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

O2 MAR -6 MI IO: 50
SECRETARY OF STATE

023/8

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

OPTISYSTEMS, INC.	
(Name of Corporation)	
Delaware	on the sale of the sale of the
(Incorporated Under Laws O	<u>f</u> )
This corporation is no longer transacting business or conducting affa voluntarily surrenders its authority to transact business or conduct af	irs within the State of Florida and hereby fairs in Florida.
This corporation revokes the authority of its registered agent in Flori appoints the Department of State as its agent for service of process be time it was authorized to transact business or conduct affairs in Florida.	vased on a covide of action within 1
The following is a current mailing address for the corporation:	
2101 City West Blvd.	
(Mailing Address)	
Houston, Texas 77042 (City/State/Zip)	
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
Signature of the chairman or vice chairman of the board,	President
president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.	Title
John W. Cox Typed or printed name	Date 2002
- · <u>'</u>	Date  OZ NAR -6 AN IO: 5  SECRETARY OF STATE ALLAHASSEE, FLORID