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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Cheetah Advanced Technologics Inc (Name of Corporation)
DOC	EUMENT NUMBER: F 9600006784
The e	enclosed withdrawal application and fee are submitted for filing.
	e return all correspondence concerning this er to the following:
	Jane Raeder (Name of Person)
	(Name of Person)
	. Maxwell Systems trac (Firm/Company)
	(Firm/Company)
	1000 First Avenue, Suits 200 (Address)
	(Address)
	City/State and Zip code)
	(City/State and Zip code)
Ear 6	without information congarning this matter places galls
FOFIL	urther information concerning this matter, please call:
	Jan Kaler at 610 277-3515 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & 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

Cheeteh Advised Technologies Inc (Name of Corporation)
FG600006784 (Document Number of Corporation (if known)
(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:
10W First Avenue Suite 200 (Mailing Address)
King of Prussia, PA 19406
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director president or other officer - if in the hands of a receiver or other courfappointed fiduciary, by that fiduciary) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35