

ST CORPORATION SYSTEM

CORPORATION SYSTEM

F960000006852

(1) HR Logic of Norristown, Inc.

(2) HR Logic West, Inc.

Withdrawn

P00003962687--7
-04/06/01--01060--003
*****35.00 *****35.00

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

FILED
01 APR -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name _____
Availability 4/6/01
Document _____
Examiner APR
Updater APR
Verifier _____
W.P. Verifier _____

4/6/01

Order#: 4018069

Ref#: _____

Amount: \$ _____

RECEIVED
01 APR -6 PM 12:16
DIVISION OF CORPORATION

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

A CCH LEGAL INFORMATION SERVICES COMPANY

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01 APR -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation)

(Incorporated Under Laws Of)

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.

(Mailing Address)

(City/ State /Zip)

ation agrees to notify the Department

Signature _____

Title

Typed or printed name

Date _____