Page 2 of 4 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number FCA000000023 (512) 418-6949 Phone Fax Number (954) 208-0845

## DISSOLUTION OR WITHDRAWAL TRUVEN HEALTH ANALYTICS INC.

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## **COVER LETTER**

TO:	Amendment Section	1
	Division of Corporations	
SUBJ	TECT: TRUVEN HEALTH ANALYTICS INC.	
	(Name of Corporation)	
DOC	UMENT NUMBER: F97000001310	
The e	enclosed withdrawal application and fee are submitted for filing.	
	e return all correspondence concerning this or to the following:	
	NANCY JOHNSON, IBM CORPORATION	
	(Name of Person)	4
	TRUVEN HEALTH ANALYTICS INC.	
(Firm/Company) •		
	71 S. WACKER DRIVE, 7TH FLOOR	
	(Address)	
	CHICAGO, IL 60606	
	(City/State and Zip code)	
For fi	urther information concerning this matter, please call:	
NAN	CY JOHNSON at (	
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) osed is a check for the amount:	<del></del>
]\$3	55 Filing Fee \$\bigs\\$43.75 Filing Fee & \bigs\\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified  (Additional copy is Enclosed)  \$52.50 Filing Fee,  Certificate of Status & Certified  Copy (Additional copy is enclo	
	MAILING ADDRESS:  Amendment Section  Division of Corporations  STREET ADDRESS:  Amendment Section  Division of Corporations	
	Division of Corbotations Division of Corbotations	

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

TROYEN HEALTH ANALYTICS INC.
(Name of Corporation)
(Name of Corporation)  F97000001310  (Document Number of Corporation (if known)  DELAWARE  (Incorporated Under Laws of)
(Document Number of Corporation (if known)
3
DELAWARE
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and here 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 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:
ONE MODELL DE ANDONNE GUERE 1400
ONE NORTH DEARBORN, SUITE 1400
(Mailing Address)
CHICAGO, IL 60606
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
5/20/17
(Signature of a director, president or other officer - if in the hands of a (Date)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
SECRETARY
ANDRA K. HELLER  (Typed or printed name of person signing)  (Title of person signing)
(13hea or heaver affirms) (11the or heaver affirms)