F9700002174

(Red	questor's Name)	,
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300041520023

10/05/04--01019--019 **35.00

04 OCT -5 AM II: 49

Ps 10/12/04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRANSAMERICA RETAIL FINANCIAL SERVICES COMP
DOCUMENT NUMBER: FTAX 1D 36-4134787
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRANSAMERICA CONJUNETZ FINANCE HOLDING COMPA [Name of Person] [N
For further information concerning this matter, please call:
(Name of Person) at (213) 742 - 4756 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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

36 - 4134787 (Document Number of Corporation (if known) SERVICES CORPORATIO.

This corporation is no longer transacting business or conducting affair voluntarily surrenders its authority to transact business or conduct affair		ida and hereby
This corporation revokes the authority of its registered agent in Flo appoints the Department of State as its agent for service of process bas time it was authorized to transact business or conduct affairs in Florida	sed on a cause of action ari	
The following is a current mailing address for the corporation:		9
1150 - S. OLIVE ST (Mailing Address)	A	00
(Mailing Address) LOS ANGELES CA (City/ State /Zip)	9001 FLORIDA	-5 AH II: 49
The corporation agrees to notify the Department of State in the future	of any change in its mailing	g address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	9/20/04 (Date)	
BRIAN A. CARLLON (Typed or printed name of person signing)	ASSIST ANT (Title of person signing)	SECRETARY
FILING FEE \$35)	,