F97000002679

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | brith | | |

Office Use Only



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2025 JUL 28 AM 8: 43

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : | 120000000195 | |
|----------------|-------------------------|------|---------------|----------------------|
| | REFERENCE | : | 434144 | 57024A |
| | AUTHORIZATION | : | | |
| | COST LIMIT | : | \$ 35.0 | |
| ORDER DATE : | July 18, 2025 | | | |
| ORDER TIME : | 9:23 AM | | | |
| ORDER NO. : | 434144-030 | | | Contract Side of the |
| CUSTOMER NO: | 57024A | | | |
| NAME: | FOREIGN_F HWC WIRE & CA | - | | |
| CORPORAT | | Y | | |
| XXXX WITHDRAWA | L/CANCELLATION | | | |
| PLEASE RETURN | THE FOLLOWING AS | PR | OOF OF FILING | : |
| CERTIF | | | | |
| CONTACT PERSON | I: Shauna Godbol | t. – | EXT# | |

EXAMINER:

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

| HWC WIRE & CABLE COMPANY | |
|--|--|
| (Name of Cor | poration) |
| F97000002679 | |
| (Document Number of Co | orporation (if known) |
| DELAWARE 11/6/1985 | |
| (Incorporated Under Laws of and date authorized | I to transact business/conduct its affairs) |
| corporation is no longer transacting business or containing surrenders its authority to transact business or | |
| corporation revokes the authority of its registered nts the Department of State as its agent for service of it was authorized to transact business or conduct affa | f process based on a cause of action, arising doring |
| ollowing is a current mailing address for the corpora | |
| 2 HAGERTY BLVD (Mailing Ac | · · · · · · · · · · · · · · · · · · · |
| (Maning Ac | ddress) - 5 |
| WEST CHESTER, PA 19382 | |
| (City/ State | :/Zip) |
| orporation agrees to notify the Department of State i | n the future of any change in its mailing address. |
| John Cassidy | 6/9/2025 |
| (Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary) | fa (Date) |
| John Cassidy | CFO |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35 434144 -30