

F97000003562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

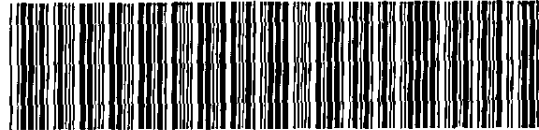
(Business Entity Name)

(Document Number)

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Withdrawn

04/25/05--01043--008 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 25 PM 1:28  
4/25/05

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**CT CORPORATION**

April 25, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 6350225 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

User Technology Associates, Inc. (VA)  
Withdrawal  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy  
Fulfillment Specialist  
Jennifer\_Murphy@cch-lis.com

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

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

\_\_\_\_\_  
User Technology Associates, Inc.  
(Name of Corporation)

\_\_\_\_\_  
F9700003562  
(Document Number of Corporation (if known))

\_\_\_\_\_  
Virginia  
(Incorporated Under Laws of)

**FILED**  
**05 APR 25 PM 1:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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:

\_\_\_\_\_  
2525 Network Place  
(Mailing Address)

\_\_\_\_\_  
Herndon, VA 20171  
(City/State/Zip)

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 court appointed fiduciary, by that fiduciary)

\_\_\_\_\_  
18 April 2005  
(Date)

\_\_\_\_\_  
Sheila C. Cheston  
(Typed or printed name of person signing)

\_\_\_\_\_  
Vice President & Assistant Secretary  
(Title of person signing)

**FILING FEE \$35**