# F97000005830

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Irista, Inc	C.
	(Name of Corporation)
DOCUMENT NUMBER:	F97000005830
The enclosed withdrawal applica	ation and fee are submitted for filing.
Please return all correspondence contact to the following:	concerning this
	Jennifer Staniszewski
	(Name of Person)
	HK Systems, Inc.
	(Firm/Company)
	2855 South James Drive
	(Address)
	New Berlin, WI 53151
	(City/State and Zip code)
For further information concernin	g this matter, please call:
Jennifer Staniszewski	at ( 262 ) 860-6805
(Name of Person)	(Area Code & Daytime Telephone Number)

## **MAILING ADDRESS:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PLEASE RETURN EXTRA COPY STAMPED? WITH THE DATE OF FILING:

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

Irista, Inc.	THE STATE OF THE S
(Name of Corporation)	18 SA
F97000005830	TO TO
(Document Number of Corporation (if k	nown)
Washington	<i></i>
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affair voluntarily surrenders its authority to transact business or conduct affair	
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	ed on a cause of action arising during the
The following is a current mailing address for the corporation:	
P.O. Box 1512	
(Mailing Address)	
Milwaukee, WI 53201-	1512
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of	of any change in its mailing address.
a estal.	2/28/07
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Thomas L. Stricker, Jr.	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**