(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City,	/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bus	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F			
	J. HORNE APR 21 20	302	
	J. LPR 2		

Office Use Only



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2022 APR 20 PM 12: 12

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

___ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 629141 7843598			
AUTHORIZATION :			
COST LIMIT Spells of man			
ORDER DATE : April 19, 2022			
ORDER TIME : 9:48 AM			
ORDER NO. : 629141-015			
CUSTOMER NO: 7843598			
FOREIGN FILINGS			
NAME: OMTOOL, LTD. COMPANY			
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY			
XXXX WITHDRAWAL/CANCELLATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			

EXAMINER:

COVER LETTER

10:	Division of Corporations	
SUBJ	F.C.T.: OmTool, Ltd.	
50170		(Name of Corporation)
DOC	UMENT NUMBER: F9700000660	9
The er	nclosed withdrawal application a	nd fee are submitted for filing.
Please	return all correspondence concern	ning this matter to the following:
	Kelli H. Hill	
		(Name of Person)
	Upland Software, Inc.	
		(Firm/Company)
	401 Congress Ave., Suite 1850	
		(Address)
	Austin, TX 78701	
		(City/State and Zip code)
Can fu	with any in Comment in the second second in the second second second second second second second second second	
Kelli H	rther information concerning this n	•
Kelli II		at (512) 553-8842
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the amount:	
□ \$35	Filing Fee	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, IS Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) Enclosed)
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Omtool, i	LTD. Company	
 -	(Name of Corporation)	
F9700000	06609	9022 API SECRE
	(Document Number of Corporation	n (if known)
Delaware	12/15/1997	SECRE LARY OF S
(In	corporated Under Laws of and date authorized to transe	act business/conduct its affairs)
This corporation i voluntarily surren	s no longer transacting business or conducting a ders its authority to transact business or conduct	affairs within the State of Florida and hereby affairs in Florida.
appoints the Depa	revokes the authority of its registered agent in rtment of State as its agent for service of process ized to transact business or conduct affairs in Flo	s based on a cause of action arising during the
The following is a	current mailing address for the corporation:	
401 Congr	ress Avenue, Suite 1850	
	(Mailing Address)	
Austin, Te	xas 78701	
	(City/ State /Zip)	
The corporation ag	crees to notify the Department of State in the fut	ure of any change in its mailing address.
12		April <u>19</u> . 2022
(Signature of a receiver or other	director, president or other officer - if in the hands of a ner court appointed fiduciary, by that fiduciary)	(Date)
Kin Gill		EVP, Chief Legal Officer & Secretary
(Typec	or printed name of person signing)	(Title of person signing)

FILING FEE \$35

							-LA	22 A	•
TO: Amendment Section Division of Corporations							E AS	APR 2	
		OmTool,	•				SEE SEE	20	Ī
SUBJ	ECT:	————		01 50			. 'Q	P	ĺ
			70000000000	(Name of Corp	oration)		芸芸の	P# 12: 12	C
DOC	UMEN	IT NUM	BER: F97000006609				<u> </u>	12	
The er	nclosed	withdr	awal application and	fee are submitte	for fili	ng.			
Please	return	all corre	espondence concerning	g this matter to th	ne follow	ving:			
	Keil	i H. Hill							
				(Name of Pers	on)				
	Upla	and Softwa	arc, Inc.						
			_	(Firm/Compar	ıy)				
	401	Congress	Ave., Suite 1850						
	_			(Address)					
	Aust	tin, TX 78	3701						
	-		(C	ity/State and Zip	code)				
For fu	rther in	formatio	on concerning this mat	ter, please call:					
Kelli H	. Hill			at () 553.	-8842			
		(Name	of Person)	(Are	a Code	& Daytime Telephone	Numbei	r)	_
Enclos	sed is a	check fo	or the amount:						
□ \$35	i Filing	gFee □	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filin Certified Cop (Additional c Enclosed)	y	☐ \$52.50 Filing Fee, Certificate of Status Copy (Additional c	& Cert		:d)
	Amen Divisi P.O. I	3ox 6321	ection orporations	Division The Cer 2415 N	nent Sec 1 of Corp 1 tre of Ta	porations allahassee Street, Suite 810			