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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL RISK METRICS CORPORATION

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## **COVER LETTER**

SUBJEC	Risk Metrics Compration		
002020		(Name of Corporatio	n)
DOCUM	TENT NUMBER: F98000000381	·	
The encl	osed withdrawal application and	fee are submitted for fi	ling.
	ision of Corporations  Risk Metrics Corporation  (Name of Corporation)  NT NUMBER:  F98000000381  ed withdrawal application and fee are submitted for filing.  m all correspondence concerning this e following:  (Name of Person)  (Firm/Company)  (Address)  (City/State and Zip code)  information concerning this matter, please call:  at ()  (Name of Person)  a check for the amount:		
	(Name of Corporation)  UMENT NUMBER:  F98000000381  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submite		
	<del></del>	(Firm/Company)	
		(Address)	
	(C	ity/State and Zip code	)
For furth	er information concerning this mate	ter, please call:	
			•
Enclosed	•	(Area Cod	e & Daytime Telephone Number)
\$35 F		Certified Copy (Additional copy is	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassas El 32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee El. 32301

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

(Name of Corpora	tion)	<del></del>	
F98000000381			
(Document Number of Corpora	ation (if known)		
Delaware			
(Incorporated Under L	NUE AR		٠
(meorporates officer E			
tarily surrenders its authority to transact business or conceptorporation revokes the authority of its registered agent to the Department of State as its agent for service of pine it was authorized to transact business or conduct affair	nt in Florida to accept servi		rin; -
ollowing is a current mailing address for the corporation:	1	200 E 200 C	0 14 O 8
1000 Alderman Dr			7
	5)	74.	3
(Mailing Address			
•		1809	$\alpha$
Alpharetta, GA 30005  (City/ State /Zip	)	77 } 5 7 7 7	δ: <u>O</u>
Alpharetta, GA 30005	)		9: Ot
Alpharetta, GA 30005 (City/ State /Zip)		mailing address.	9: 04
Alpharetta, GA 30005 (City/ State /Zip)		nailing address.	9: Ott
Alpharetta, GA 30005	e future of any change in its i	mailing address.	8: O4
Alpharetta, GA 30005  (City/ State /Zip)  rporation agrees to notify the Department of State in the  Publishment (Signature of a director, president or other officer - if in the hands of a	e future of any change in its i	nailing address.	g: 0t