F99000001918

| CORPORATION(S) NAME | • | DOZMAR - 5 MM I : 43 SEUKE WARY OF STATE PALLAH ASSEE, FLORI | - 11 |
|---------------------------------------|--|--|-------------|
| Integrated Loan Services, Inc. | | -5 \$SE | FILED |
| 0 | | Eq. 3 | ; = |
| | | OR I | دد |
| | | P | |
| | | | |
| | | | • |
| | | | ı |
| | | 3000050435 | 33——5 |
| | | | 120022 |
| · · · · · · · · · · · · · · · · · · · | · | ******50.UU * | ****35.00 |
| | | | |
| () Profit | () Amendment | () Merger | |
| () Nonprofit | | | • |
| () Foreign | (x) Dissolution/Withdrawal () Reinstatement | () Mark | |
| () Limited Partnership | () Annual Report | () Other | |
| ()LLC _{co} | () Name Registration | () Change of RA | |
| | () Fictitious Name | ()UCC | |
| () Certified Copy | () Photocopies | () CUS | ' |
| () Call When Ready | () Call If Problem | () After 4:30 | , |
| (x) Walk In | () Will Wait | (x) Pick Up | |
| () Mail Ent | | <u>.</u> | |
| 7 8 33 3 | 0.15.100 | 0.1.4. 500.4000 | |
| Name | 3/5/02 | Order#: 5034020 | |
| Availability | | 1.0 | |
| Document | | kf | |
| Examiner | | Ref#: | |
| Updater | | | |
| Verifier | | | |

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

W.P. Verifier_

C. Coulliste MAR 0 5 2002

Amount: \$

| APPLICATION BY FOREIGN CORPORATION FOR WITHDRA OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AF IN FLORIDA | | 2002 HJ |
|--|---------------------------|---------------|
| Interested Lean Comings Inc | ĬAS | 20 |
| Integrated Loan Services, Inc. (Name of Corporation) | — <u>8</u> 2₹ | င်ာ |
| | π <u>-</u> - | P |
| Connecticut | | = |
| (Incorporated Under Laws Of) | Ally | <u>t</u> 3 |
| and hereby voluntarily surrenders its authority to transact business or conduct affairs in F This corporation revokes the authority of its registered agent in Florida to accept service and appoints the Department of State as its agent for service of process based on a car arising during the time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address to which the Department of State may mail a | on its beh use of acti | ion |
| process against this corporation that may be served on the Department. | 3.5 | , |
| Integrated Loan Services, Inc. | | |
| c/o 7-11 South Broadway, Suite 200 | | |
| (Mailing Address) | | |
| | | |
| White Plains, NY 10601 | | |
| (City/ State /Zip) | | |
| The corporation agrees to notify the Department of State in the future of any change is address. President Signature Title | n its maili | ng |
| , Attack | | |

David H. Strassler

Typed or printed name