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### TRANSMITTAL LETTER

ΓO: Amendment Section Division of Corporations	
SUBJECT: GN Press Inc	
(Name of corporation)	
DOCUMENT NUMBER: F 9900000 4 809	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this natter to the following:	
(Name of Person)  GN Press Inc  (Firm/Company)	
(Name of Person)	
GN Press Inc	
(Firm/Company)	
P.D. Box 441 (Address)	
(Address)	
La Crosse FL 32658  (City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) at (386) 462-0646 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

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

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

CN Press Inc (Name of Corporation)
(Name of Corporation)
F 990000 480 9 (Document Number of Corporation (if known)
(Document Number of Corporation (If known)
(Incorporated Under Laws of)
(Incorporated Under Laws of)
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:
4545 Connecticut Ave (Mailing Address)
Washington DC 20008 (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)  (Date)
Kenneth Solomon Director/Treasurer (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35