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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 978-5368

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CALL CENTER OF FLORIDA  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL  
LPS VERIFICATION BUREAU, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED  
2012 MAR 15 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3/15/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LPS Verification Bureau, Inc.

**DOCUMENT NUMBER:** PG1000117346

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Johnson

(Name of Contact Person)

LPS

(Firm/Company)

601 Riverside Avenue

(Address)

Jacksonville, FL 32204

(City/State and Zip Code)

For further information concerning this matter, please call:

April Johnson

(Name of Contact Person)

at ( 904 )

854-5256

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**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

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## ARTICLES OF DISSOLUTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

LPS Verification Bureau, Inc.

SECOND: The document number of the corporation (if known): P01000117346

THIRD: The date dissolution was authorized: March 14, 2012

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: Colleen E. Haley

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Colleen E. Haley

(Typed or printed name of person signing)

VP and Corporate Secretary

(Title of person signing)

**Filing Fee: \$35**