

PD2889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

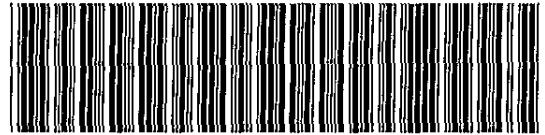
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAY 13 AM 11:46
DIVISION OF REGISTRATION

FILED
2003 MAY 13 PM 1:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

C. Coulllette MAY 13 2003

CT CORPORATION

May 13, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5839712 SO
Customer Reference 1: 08818
Customer Reference 2: 00004

Dear Secretary of State, Florida:

Please file the attached:

Community Counselling Service Co., Inc. (NY)
Post-Merger Withdrawal/Removal
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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

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

Community Counselling Service Co., Inc.

(Name of Corporation)

New York

(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.

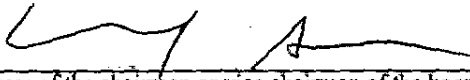
The following is a current mailing address for the corporation:

461 Fifth Avenue New York, NY 10017

(Mailing Address)

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title Treasurer

Typed or printed name

Michael Gerun

Date

4/18/03

2003 MAY 13 PM 1:02

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA