

P23116

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2034025-1
(Sub Account)

DATE: 5-10-02

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Beloit Corporation

DOCUMENT NUMBER: File Withdrawal
(if applicable) 200005503172--6

AUTHORIZATION:

Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)

☐ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

C. Coulllette MAY 10 2002

FILED
 2002 MAY 10 PM 12:41 RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

FILED
2002 MAR 10 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Beloit Corporation

(Name of Corporation)

Delaware

(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:

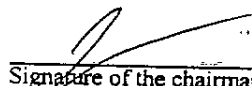
824 South Main Street, Suite 203

(Mailing Address)

Crystal Lake, IL 60014

(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.

Secretary

Title

Jack B. Fishman
Typed or printed name

4/12/07
Date