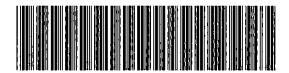
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(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATE
SECRETARY OF STATE

(30/06 W.H.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Merit Distribution Serv	rices. Inc.
	me of Corporation)
DOCUMENT NUMBER: P31872	·
The enclosed withdrawal application and fee as	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
Johnna Baird	
(Na	me of Person)
McLane Company, Inc.	
	rm/Company)
PO Box 6115	
- 1	(Address)
Temple, TX 76503-6115	
	tate and Zip code)
For further information concerning this matter, pl	lease call:
Johnna Baird	_{at (} 254 ₎ 742-3614
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Merit Distribution Services, Inc.		
(Name of Corporation)		
P31872		
(Document Number of Corporation (if known)		
Texas		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State 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 seruppoints the Department of State as its agent for service of process based on a cause of actime it was authorized to transact business or conduct affairs in Florida.	vice on its behal	f and
The following is a current mailing address for the corporation:		
PO Box 6115	90 TAL	
(Mailing Address) Temple, TX 76503-6115 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its	JUN 23 PM 12: 0 PM 12	FILED
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)		
Kevin J. Koch (Typed or printed name of person signing) Treasurer (Title of person signing)	on signing)	

FILING FEE \$35