(Re	questor's Name)	-
(Ad	dress)	
<b>V</b> 1-1	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)·
PICK-UP	WAIT	MAIL
	· · · · · · · · · · · · · · · · · · ·	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
,= -		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	· · · · · · · · · · · · · · · · · · ·	



000171464570

03/09/10--01020--011 \*\*43.75

Office Use Only

### **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

SUBJECT: HY-YIELD BROMINE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P32027

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DEBORAH NAGEL** 

(Name of Person)

ICL PERFORMANCE PRODUCTS LP

(Firm/Company)

622 EMERSON ROAD

(Address)

CREVE COEUR, MO 63141

(City/State and Zip code)

For further information concerning this matter, please call:

DEBORAH NAGEL

at ( 314

983-7625

(Name of Person)

(Area Code & Daytime Telephone Number)

#### **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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

Deborah Nagel ICL Performance Products LP 622 Emerson Road, Suite 500 Creve Couer, MO 63141

SUBJECT: HY-YIELD BROMINE, INC.

Ref. Number: P32027

We have received your document for HY-YIELD BROMINE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000069521.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 310A00006135

CANCEL AMENDMENT. PLEASE, APPLY FUNDS TO WITHDRAWAL APPLICATION. THANK YOU

# APPLICATION BY FOREIGN CORPORATION FOR WITHOUT APPLICATION BY FOREIGN CORPORATION FOR WITHOUT AFFAIRS IN FLORIDA

HY-YIELD BROMINE, INC.	. <b>.</b>
(Name of Co	orporation)  Orporation (if known)  Orporation (if known)  Orporation (if known)  Orporation (if known)
	ECE .
P32027	ALL RO
(Document Number of C	orporation (if known)
	mg <b>z</b>
DELAWARE	Es 😦
(Incorporated U	nder Laws of)
	4,2
This corporation is no longer transacting business or cor	nducting 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 agent service on its behalf an
appoints the Department of State as its agent for service	
time it was authorized to transact business or conduct affa	
The following is a compart mailing address for the compar	ation.
The following is a current mailing address for the corpora	ation:
622 EMERSON ROAD, SUITE 50	00
(Mailing A	
CREVE COEUR, MO 63141	
(City/ Sta	te /Zip)
TI C C C C C C C C C C C C C C C C C C C	Contro Conso Conso Norman In Norman War addison
The corporation agrees to notify the Department of State	in the future of any change in its mailing address.
the ALB. TOLD	MARCH 24, 2010
(Signature of a director, president or other officer - if in the hands receiver or other court appointed fiduciary, by that fiduciary)	of a (Date)
receiver or other court appointed fiduciary, by that fiduciary)	
	OF ODETA DV
HEATHER LUTHER  (Typed or printed name of person signing)	SECRETARY (Title of person signing)

**FILING FEE \$35**