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October 30, 2000

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Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This office represents the following:

700003497147--6
-12/12/00--01064--003
*****35.00 *****35.00

H. MEER DENTAL SUPPLY CO.

On behalf of the above, enclosed please find for filing duplicate originals of an Application By Foreign Corporation For Withdrawal of Authority To Transact Business of Conduct Affairs in Florida. Also enclosed herewith is a check made payable to the Florida Department of State in the amount of \$35.00 for the filing fee due with this application.

Please acknowledge receipt of this filing by date stamping the enclosed copy of this letter and returning it in the self addressed stamped envelope provided for your convenience.

Very truly yours,

WOLFE, WOLFE & RYD

By William B. Levy
William B. Levy K35

WBL/kjs
Enclosures
C:sullivan/meer/transltr

RECEIVED FROM WOLFE, WOLFE & RYD

Date: _____

By: _____

FILED
00 DEC 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*all withdrawn
12/15*

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

H. Meer Dental Supply Co.
(Name of Corporation)

Michigan
(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.

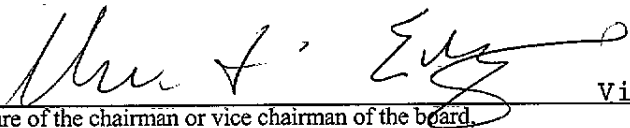
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

20 N. Wacker Drive, Suite 3550
(Mailing Address)

Chicago, IL 60606
(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. Vice President
Title

Michael Ettinger
Typed or printed name

10/31/20
Date

FILED
00 DEC 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA