

P96000023455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

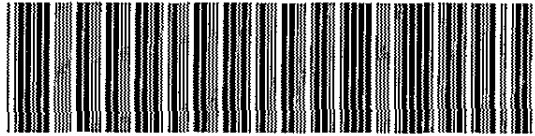
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300080080773

FILED

2006 OCT -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 OCT -4 AM 10:58

OFFICE OF
DIVISION OF
TALLAHASSEE, FLORIDA

Miss W/NOT.

C. Coullotte OCT 9 4 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 499969 7379988

AUTHORIZATION

COST LIMIT : \$35.00

Spokane

ORDER DATE : October 3, 2006

ORDER TIME : 9:29 AM

ORDER NO. : 499969-005

CUSTOMER NO: 7379988

DOMESTIC FILINGS

NAME: EXCELIS, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick - EXT# 2950

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Excelis, Inc.

SECOND: The document number of the corporation (if known): P96000023455

THIRD: The date dissolution was authorized: June 15, 2006

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Raymond G. Abide, Jr.

(Typed or printed name of person signing)

Senior Vice President

(Title of person signing)

Filing Fee: \$35

FILED
2006 OCT -4 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Excelis, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

1. Factual description of claim with supporting documents.

2. Amount of Claim.

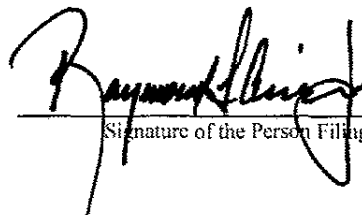
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Excelis, Inc.
c/o Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Raymond G. Abide, Jr.

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00