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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Eagle Test Systems, Inc	
	corporation)
DOCUMENT NUMBER: F00000001789	)
The enclosed withdrawal application and fee at	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
Rochelle C. Foxman	
(Name of Person)	
Eagle Test Systems, Inc.	
(Firm/Company)	
620 South Butterfield Road	
(Address)	
Mundelein, Illinois 60060-945	
(City/State and Zip code)	· · ·
For further information concerning this matter, p	lease call:
Rochelle C. Foxman	at (847) 367-8282
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL, 32399	Tallahassee, FL, 32314

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

Eagle Test Systems, Inc.	
(Name of Corporation)	
Illinois	
(Incorporated Under Laws Of)	
This corporation is no longer transacting business or conducting affairs within the and hereby voluntarily surrenders its authority to transact business or conduct affairs.	
This corporation revokes the authority of its registered agent in Florida to acc behalf and appoints the Department of State as its agent for service of process baaction arising during the time it was authorized to transact business or conduct af	ased on a cause of
The following is a current mailing address for the corporation:	03 FI
620 South Butterfield Road	EB -I
(Mailing Address)  Mundelein, Illinois 60060-9457	5 AMIO:
(City/ State /Zip)	DA DA
The corporation agrees to notify the Department of State in the future of any characteristics.  Secretary  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.	nge in its mailing
Rochelle C. Foxman  Typed or printed name  A 3 -0 3  Date	