

F97000000394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

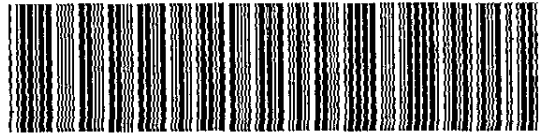
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR - 8 AM 2:05

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3/8/04

withdrawal

Ⓝ



IMPAC Medical Systems, Inc.  
www.impac.com

World Headquarters:  
100 West Evelyn Avenue  
Mountain View, CA 94041-1464  
T 650 623 8800  
F 650-428 0721

March 1, 2004

Susan Payne  
Department of State  
Amendment Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL

Dear Ms. Payne

Per our telephone conversation please find enclosed:

1. Our Application by Foreign Corporation For Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for the California corporation IMPAC Medical Systems Inc.,
2. Our Application by Foreign Corporation for Authorization to Transact Business in Florida for the Delaware corporation IMPAC Medical Systems Inc., and
3. Our check made payable to the Florida Department of State in the amount of \$87.50 for the following fees:

• Withdrawal filing fee	\$35.00
• Withdrawal Certified copy	8.75
• Withdrawal Certificate of Status	8.75
• Application for Authority filing fee	70.00
• Certified copy	8.75
• Certificate of Status	<u>8.75</u>
• Check #46012 in your possession	<u>(52.50)</u>
• Check enclosed	<u>\$87.50</u>

If you require any additional information I can be reached at 650-623-8951.

Thank you for your time and attention in this matter.

Sincerely,

Wendy Phillips,  
Accounting Manager

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPAC Medical Systems, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F97000000394

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Phillips  
(Name of Person)  
IMPAC Medical Systems, Inc.  
(Firm/Company)  
100 West Evelyn Ave.  
(Address)  
Mountain View, CA 94041  
(City/State and Zip code)

For further information concerning this matter, please call:

Wendy Phillips at ( 650 ) 623-8951  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

IMPAC Medical Systems, Inc.  
(Name of Corporation)

F97000000394  
(Document Number of Corporation (if known))

California  
(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.

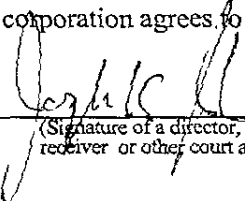
The following is a current mailing address for the corporation:

100 West Evelyn Ave.  
(Mailing Address)

Mountain View, CA 94041  
(City/ State /Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2.26.04  
(Date)

Joseph K. Jachinaowski  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE \$35**