TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: POLAROID ID SYSTEMS, INC.			
(Nam	e of corporation)		
DOCUMENT NUMBER: P23196			
The enclosed withdrawal application and fee are submit	tted for filing.		
Please return all correspondence concerning this matter to the following:			
TAX DEPT.	900005073169s		
(Name of Person)	*****35.00 *****35.00		
POLAROID ID SYSTEMS, INC. (Firm/Company)	·		
4640 EXECUTIVE BLVD.	75 8 75 8		
(Address)	10000000000000000000000000000000000000		
FORT WAYNE, IN 46808	· · · · · · · · · · · · · · · · · · ·		
(City/State and Zip code)	THE E		
For further information concerning this matter, please call	THLED WINDS		
TAX DEPT.	at 219-484-8611		
(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

W: Hodr To Lewis 3/2/02

STF FL32230F,2

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

POLAROID ID SYSTEMS, INC	<u> </u>		
**************************************	(Name of Corporation)		
DELAWARE			
. (In	corporated Under Laws O	of)	-
•		•	
This corporation is no longer transacting busin voluntarily surrenders its authority to transact	ess or conducting affa business or conduct a	nirs within the Sta ffairs in Florida.	te of Florida and hereby
This corporation revokes the authority of its reappoints the Department of State as its agent from it was authorized to transact business or continuous controls.	or service of process l	based on a cause	rice on its behalf and of action arising during the
The following is a current mailing address for t	the corporation:		
4640 EXECUTIVE BLVD.	Client , mary about 20	Weren co	02 M SECRI
FORT WAYNE, IN 46808	(Mailing Address)		ARY OF S
	(City/State/Zip)	2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	TATE OF
The corporation agrees to notify the Departme	nt of State in the futur	re of any change i	n its mailing address.
The state of the s		Secretary	
Signature of the chairman or vice chairman of the	board,	Title	
president, or any officer, or if the corporation is in	the hands of a	-	
receiver, trustee, or other court-appointed fiduciary	, by that fiduciary.		
Louise Cavanaugh	_	3/1/01-	
Typed or printed name		Date	