

State of Idaho

Office of the Secretary of State

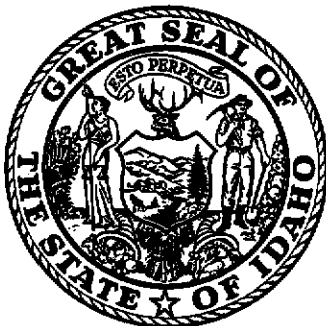
**CERTIFICATE OF WITHDRAWAL
OF
AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.**

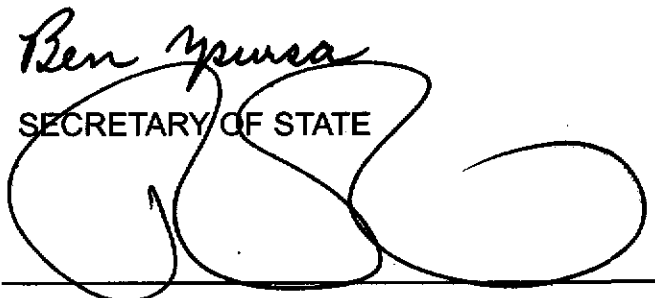
File Number C 161033

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Withdrawal and attach hereto a duplicate of the Application for such Certificate.

Dated: May 14, 2009



Ben Ysursa
SECRETARY OF STATE
By 



APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

09 MAY 14 PM 12:18

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of Idaho

Pursuant to Section 30-1-1520, Idaho Code, the undersigned Corporation hereby applies for a certificate of withdrawal from the State of Idaho, and for that purpose submits the following statement:

1. The name of the corporation is:

American Benefit Plan Administrators, Inc.

The name which it used in Idaho is:

American Benefit Plan Administrators, Inc.

2. It is incorporated under the laws of CALIFORNIA

3. It is not transacting business in the State of Idaho.

4. It hereby surrenders its authority to transact business in said state.

5. It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.

6. The post office address to which process against the corporation may be mailed is:

Attn: Legal Department 3501 Frontage Rd Tampa, FL 33607

7. It agrees to notify the Secretary of State of the State of Idaho of any change to the address in item 6.

Signature

Thomas K. Chadwick

Typed Name

Thomas K. Chadwick

Capacity

CEO

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

g:\corp\forms\corpform1
certofwithdrawal_corp.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
05/14/2009 05:00
CK: 74782 CT: 237185 IN: 1178492
1 @ 28.00 = 28.00 FOR WITHDR # 2
1 @ 28.00 = 28.00 CORP SUR # 3

C161033

FILED EFFECTIVE