amcray WTH

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/21/2013 11:38 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdraw (Foreign Business Entity)		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu	S 14A and KRS 271B, 273, 274, 2 siness entity named below and, fo	75, 362 or 386 the u r that purpose, subm	ndersigned applies for a certificate its the following statements:
1. The name of the business en	tity is American Bureau of Shippir		·
	(The name must be identical to the	e name on record with t	ne Secretary of State.)
2. The state or country of forma	tion is Delaware		
	was authorized to do business in h	Centucky is 9/17/197	9
The Secretary of State may f     on the Secretary of State an	orward to the business entity at the d commits to notify the Secretary o	e following street add of State of any future	ress any process served changes to this address:
16855 Northchase Drive	Houston,	TX	77060
Street Address (No Post Office Box N	umbers) City	State	Zip Code
in the Commonwealth.  6. The business entity revokes appoints the Secretary of State during the time it was authorized of State in the future of any characteristics.	the authority of its registered ager as its agent for service of process I to transact business in the Comm nge in its mailing address.	nt to accept service of in any proceeding ba nonwealth. The busin	sed on a cause of action arising ess entity shall notify the Secretary
This application will be effect or the delayed effective date cal	ive upon filing, unless a delayed e	fective date and/or ti ation is filed. The dat	me is provided. The effective date te and/or time is (Delayed effective date and/or time)
I declare under penalty of perjur	y under the laws of Kentucky that	the forgoing is true a	nd correct.
I homas G. M.	tilly Thomas	A. Miller, Secretary	5/7/2013
Signature of Authorized Representati	ive Printed Na	me	Date