Filing Fee: \$50.00

ID Number: 152765



Form No. 154 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

	APPLICATION FOR CERTIFICATE OF WITHDRAWAL	
Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:		
1.	The name of the corporation is	2
2.	It is incorporated under the laws of MANYLAND	
3.	It is not transacting business in the state of Rhode Island.	
4.	It hereby surrenders its authority to transact business in the state of Rhode Island.	
5.	It revokes the authority of its registered agent in this state to accept service of process, and consents that service process in any action, suit, or proceeding based upon any cause of action arising in this state during the time t corporation was authorized to transact business in this state may subsequently be made on the corporation service thereof on the Secretary of State of the State of Rhode Island.	the
6.	The post office address to which the Secretary of State may mail a copy of any process against the corporation the secretary of State: 7210 HOUTE 202 SOUTH SUITE 320 HM3910 DRIDGEWRIEN, NJ 08807	nat —
7.	As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.	
8.	If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must executed on behalf of the corporation by the receiver or trustee.	be
9.	This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided whether shall be no later than the 90 th day after the date of this filing	hich
Da	Under penalty of perjury, I declare and affirm that I hexamined this Application for Certificate of Withdrawal, include any accompanying attachments, and that all statement of herein are true and correct. Signature of Authorized Officer of the Corporation Type or Print Name of Authorized Officer Type or Print Name of Authorized Officer	ding

152765



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Revenue DIVISION OF TAXATION One Capitol Hill Providence, RI 02908-5800

October 16, 2008

TO WHOM IT MAY CONCERN:

Re: CASTLE POINT MORTGAGE INC

It appears from our records that the above named corporation has filed all the required Business Corporation Tax Returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of this date regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the above named corporation for the purpose of

WITHDRAWAL

Very truly yours,

David M. Sullivan Tax Administrator

Charles J. Larocque Chief Revenue Agent

Corporations

FILED

OCT 2 2 2008

By 07/32/



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

