



Certificate of Withdrawal
FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-83, the undersigned foreign non-profit corporation hereby applies for a Certificate of Withdrawal from the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 001658829		2. The name of the corporation is: HMSHost Foundation, Inc.	
3. It is incorporated under the laws of: Maryland		4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the non-profit corporation by service thereof on the Department of State of the State of Rhode Island.			
6. The post office address to which the Department of State may mail a copy of any process against the corporation that is served on the Department of State: HMSHost, 6905 Rockledge Drive, Bethesda, Maryland 20817			
<i>Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Withdrawal, and that all statements contained herein are true and correct.</i>			
Type or Print the Name of <input checked="" type="checkbox"/> President or <input type="checkbox"/> Vice President Paul Mamalian		Date August 12, 2016	
Signature of President or Vice President 		SIGN DOCUMENT HERE	
Type or Print the Name of <input checked="" type="checkbox"/> Secretary or <input type="checkbox"/> Assistant Secretary Stephanie Havard		Date August 12, 2016	
Signature of Secretary or Assistant Secretary 		SIGN DOCUMENT HERE	

TWO SIGNATURES ARE REQUIRED

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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By 2282770

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

