

**Revocation of Attorney/Domestic Representative and/or Appointment of  
Attorney/Domestic Representative**

**Handwritten Signature**

**Signature Section:**  
Signature: Robert Bujarski  
Date: 5/07/2010  
Signatory's Name: Robert Bujarski  
Signatory's Position: SVP, General Counsel

**NOTE TO APPLICANT:** When filed as part of the electronic form (i.e., scanned and attached as an image file), include only the signature page (no declaration is required, nor should any other information from the actual revocation be included).

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