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SECURITIES AND EXCHANGE COMMISSION
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BRANCH OF REGISTRATIONS AND EXAMINATIONS

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

THOMSON REUTERS

FORM TA-W

OMB APPROVAL	
OMB Number:	3235-0151
Expires:	July 31, 2008
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OFFICIAL USE	
FILE NO.	84-6120
DOC. SEQ. NO.	
EFFECTIVE DATE	11-14-06

NOTICE OF WITHDRAWAL FROM REGISTRATION AS TRANSFER AGENT

Pursuant To Section 17A of the Securities Exchange Act of 1934

Read all instructions on reverse side before preparing form. Please print or type.

1. Transfer Agent File No.: 84-6120 2. Full name of registrant: Schwab Retirement Plan Services, Inc. (SRPS)

3. Name under which transfer agent activities are conducted, if different from above: (same as above)

4. Address of registrants principal place of business: No. and street City State Zip Code
4150 Kinross Lakes Parkway, Richfield, OH 44286

5. Furnish registrants reasons for ceasing the performance of transfer agent functions or for otherwise requesting withdrawal of its registration.
Registrant has not commenced actual transfer agent activities and has no plans to do so.

6. Furnish the last date registrant performed transfer agent functions as defined by Section 3(a)(25) of the Act for any security, including debt and equity, registered under Section 12 of the Act or which would be required to be registered except for the exemption from registration provided by subsection (g)(2)(B) or (g)(2)(G) of that section. (see response above)
Does registrant have any intention of performing in the near future a transfer agent function for any such security?

7. Is registrant directly or indirectly involved in any legal actions or proceedings or aware of any potential claims (including out-of-proof conditions) against it in connection with its performance of transfer agent functions for any security? If so, furnish complete information with respect to each.
 Yes No

8. Are there any unsatisfied judgments or liens against registrant arising out of its performance of transfer agent functions for any security? If so, furnish complete information regarding each judgment or lien.
 Yes No

9. For each issue shown on Schedule B of registrants Form TA-1, as amended, and for any issues for which registrant assumed transfer agent functions since the last amendment to Schedule B, furnish the name(s) and address(es) of any successor transfer agent(s) and state whether such transfer agent(s) is registered as a transfer agent pursuant to the Act. If there is no successor transfer agent(s), so state.
No successor transfer agents

10. For each issue shown on Schedule B of registrants Form TA-1, as amended, and for any issues for which registrant assumed transfer agent functions since the last amendment to Schedule B, furnish the name(s) and address(es) of the person(s) who has or will have custody or possession of the books and records which registrant maintained in connection with its performance of transfer agent functions.
Non-applicable

11. Furnish the address(es), if different from Item 10, where such books and records will be located.
Non-applicable

12. EXECUTION. The registrant submitting this Form and its attachments and the person executing it represent hereby that it and all materials filed in connection therewith contain a true, correct and complete statement of all required information. Registrant also consents hereby to make the books and records it is required to preserve by Rules 17A d-6 and 7 under the Securities Exchange Act of 1934 (17 CFR 240.17A d-6 and 7) available for examination by authorized representatives of the Securities and Exchange Commission during the period the rules require registrant to preserve such books and records and hereby authorizes the person having custody of such books and records to make them available to such representatives.

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations.
(See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).)

Dated the 31st day of August, 2006
Schwab Retirement Plan Services, Inc.
(Name of transfer agent)
(Signature)
James McCool
(Manual signature of principal officer or duly authorized principal)
President, Chairman
(Title) 330/908-4210
(Telephone number)

Persons who potentially are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**United States
Securities and Exchange Commission
Washington, DC 20549**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

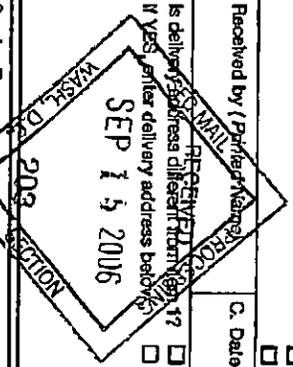
B. Received by (Print Name) Date of Delivery

D. Is delivery address different from that on label? Yes
If Yes, enter delivery address below No

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D. Yes

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7005 3110 0001 0735 771A**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 1026PS42-1A-1540



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