

F02000001205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

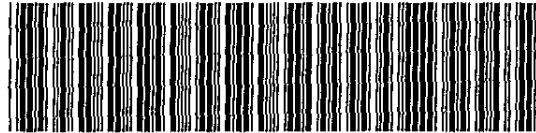
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 JUL 22 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAKIS au
7-22-05

CT CORPORATION

July 12, 2005

RE: INCAT SYSTEMS, INC (MI DOM)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclosed a stamped self-address envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri (ks)

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:ks
enclosure

FILED
05 JUL 22 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of Registered Agent)

hereby resigns as Registered Agent for INCAT SYSTEMS, INC. (MLDOM)
(Name of Corporation)

F02000001205

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**