

CT-

P02588

Requestor's Name
 1633 Broadway
 Address
 NY NY 10019
 City/State/Zip Phone #

400002331634--8
 -10/28/97--01062--002
 *****35.00 *****35.00
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 OCT 28 AM 11:47

10-30-97

Examiner's Initials	CC
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Florida Department of State, Jim Smith, Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 28 AM 11:47

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for BANKHOUSE SECURITIES CORPORATION
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF MASSACHUSETTS

A copy of this resignation was mailed to the above listed corporation at its last known address. c/o Hale and Dorr
60 State Street
Boston, Ma. 02109

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

Jim Smith
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:
\$87.50-Active Corporation
\$35.00-Administratively Dissolved Corporation



Florida Department of State, Jim Smith, Secretary of State

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