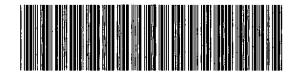
## 841829

(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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SECRETARY OF STATE
ALL AHASSES FLORIN

P. A. Resign B. Onethate AUG 1 3 2001 CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

August 5, 2008

RE: ADDRESSOGRAPH-MULTIGRAPH
CORPORATION. (DE. DOM.)
AMERICAN AUTOMATED TELEPHONE, LTD. (TX. DOM.)
CHAPARAL ENTERPRISES, INC. (MI. DOM.)
C-CUBE MICROSYSTEMS INC. (DE. DOM.)
FAR EAST GATEWAY, INC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175.00</u> to cover the required filing fee.

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

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	7.150 <del>9</del> ,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM  (Name of Registered Agent)  ADDRESSOGRAPH MULTIGRAPH CORPORATION (DF. DOM.)  (Name of Corporation)		
hereby resigns as Registered Agent for			
841829			
(Document Number, if known)	<del></del>		
A copy of this resignation was mailed t	o the above listed corporation at its last known	own address.	
this statement is filed.	discontinued on the 31st day after the date	e on which	
(Si	gnature of Resigning Agent)	نند	
If signing on behalf of an entity:		.08 AUG SECRETA PALLAHA!	
C T CORPORA	ΓΙΟΝ SYSTEM - THERESA ALFIERI	HAS	
(	(Typed or Printed Name)	SEE	
AS	SISTANT SECRETARY	FLOR FLOR	
	(Capacity)	5 5 5 S	

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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