F96000001890

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Estitutions)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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Office Use Only



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C.COULLIETTE

MAY 13 2009

EXAMINER



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 1, 2009

RE: AURUM SOFTWARE, INC. (DE. DOM.)

DIGITAL LIGHTHOUSE CORPORATION. (DE. DOM.)

HAMMER & HOFF CONSTRUCTION COMPANY. (OH. DOM.)

IMAGEOS, INC. (DE. DOM.)

PLATFORM LEARNING INC. (DE. DOM.) RIGHT-AWAY MORTGAGE, INC. (TX. 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 $\underline{1}$ check in the amount $\underline{210.00}$ 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 617.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYST	`EM
	(Name of Registered Agent)
hereby resigns as Registered Agent for	RIGHT-AWAY MORTGAGE, INC.	(TX. DOM.)
nereby resigns as Registered Agent for	(Name of Corporation)	•
F96000001890		
(Document Number, if known)	BD-4-W-BD	
A copy of this resignation was mailed t	o the above listed corporation at its la	ast known address.
The agency is terminated and the office this statement is filed.	all)	e date on which
(Ši	gnature of Resigning Agent)	
If signing on behalf of an entity:	ν	
		Ž.o
C T CORPORAT	ΓΙΟΝ SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	— AR A
		TAI ASS
AS	SISTANT SECRETARY	ZY O
	(Capacity)	F STAI
		DE CO

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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