

P96000100573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

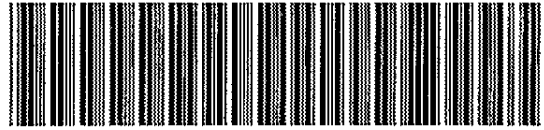
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

KA Design
T. Lewis 10/24/02

CT CORPORATION SYSTEM

October 17, 2002

RE: ALLIED/PSM, INC. (FL. DOM.)


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

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 1 checks in the amount of \$35.00 each to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM


Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA/hm
Enclosure

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

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

Florida Statutes, the undersigned, CT CORPORATION SYSTEM

(Name of registered agent)

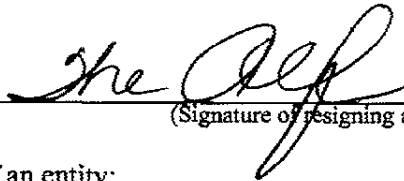
ALLIED/PSM, INC. (FL. DOM.) (#P96000100573)

hereby resigns as Registered Agent for

(Name of corporation)

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:

CT CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314