## 808937

| (Re                     | equestor's Name)   | <u> </u>     |
|-------------------------|--------------------|--------------|
| (Ac                     | ddress)            | <del> </del> |
| (Ac                     | idress)            | <u> </u>     |
| (Ci                     | ty/State/Zip/Phone | · #)         |
| PICK-UP                 | WAIT               | MAIL         |
| (Bı                     | usiness Entity Nam | ne)          |
| (Do                     | ocument Number)    |              |
| Certified Copies        | _ Certificates     | of Status    |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
|                         |                    |              |
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RA lesign

FILLU 04 21 20 " 7-24 July 14, 2004

RE: AMS ARCHITECTURAL TECHNOLOGIES, INC. OF VIRGINIA (VA. DOM.)
I.E.S. OF TEXAS, INC. (TX. DOM.)
LEVOLOR CORPORATION (N.J. DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of 105.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

## Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/hm Enclosure

**CT** CORPORATION

The Enths Avenue

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

|  | OF REGISTERED AGENT   | E1.   |  |
|--|---|-------|--|
| FOR A                                      | A CORPORATION $04 - \frac{t}{t_{th}}$   | FILED |  |
|  |   | 20    |  |
| Pursuant to the provisions of sections 607 | 7.0502(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     | LEVOLOR CORPORATION (N.J. DOM.) (Name of Corporation)   | .3    |  |
| 808937                                     |   |       |  |
| (Document Number, if known)                | -   |       |  |
| •  | the above listed corporation at its last known address. iscontinued on the 31st day after the date on which |       |  |
| this statement is filed.                   |   |       |  |
| La   | e/  |       |  |
| (Signa                                     | athre of Resigning Agent)   |       |  |
| If signing on behalf of an entity:         |   |       |  |
| C T CORPORATIO                             | ON SYSTEM - THERESA ALFIERI   |       |  |
| (Ту  | ped or Printed Name)  |       |  |
| ASSIS                                      | STANT SECRETARY   |       |  |
| <u> </u>                                   | (Capacity)  |       |  |

## 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