(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(-1), -1		
PICK-UP WAIT MAIL		
(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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CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

March 7, 2008

RE: SHERIDAN U.S. INC. (DE. DOM.)
SCOPAR INTERNATIONAL, INC. (DE. DOM.)
UNICALIBROS PUBLISHING CORP. (DE. DOM.)
WAUSAU MORTGAGE CORPORATION. (CO. DOM.)
XCELERATE CORP. (DE. DOM.)
3<sup>RD</sup> WIRE, 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>210.00</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.	1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	SCOPAR INTERNATIONAL, INC. (DE. DO	OM.)
	(Name of Corporation)	
843742		
(Document Number, if known)	Table 1	
A copy of this resignation was mailed to	o the above listed corporation at its last know	wn address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date of	on which
Thel	reff.	
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:		
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	0 0
(	Typed or Printed Name)	SEC VISIO 8 MAI
AS	SISTANT SECRETARY	DIVISION OF CO
	(Capacity)	LEO CORPORATION PH 2: 16
		STAIR STAIR SATIC
Fee for filin	g this document:	AS S
	ive 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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