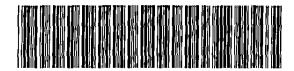
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(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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05/31/05--01047--007 **87.50



6-17 WARES

CT CORPORATION

June 15, 2005

RE: GREENFIELD MORTGAGE, INC. (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.

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

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure



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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 3, 2005

THERESA ALFIERI C T CORPORATION SYSTEM 111 EIGHTH AVENUE NEW YORK, NY 10011

SUBJECT: GREENFIELD MORTGAGE, INC.

Ref. Number: W05000027605

We have received your document for GREENFIELD MORTGAGE, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records show no entity by this name.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

6/14- Por Shown @ SOS- they had the chron Geenfins- Hey will correct chr. We shall be submit

Thelma Lewis
Document Specialist Supervisor

Letter Number: 905A00039472

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	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	GREENFIELD MORTGAGE, INC. (N.J. DOM.)	
nereby resigns as registered Agent for _	(Name of Corporation)	•
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known address	3.
this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	nature of Resigning Agent) THE STATE OF STATE O	ָּ, כ
	yped or Printed Name)	
ASS	ISTANT SECRETARY	
	(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