F0200001221

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

Office Use Only



600155598616

05/07/09--01036--003 **210.00

O9 MAY -7 PM 12: 03
SEGRETARY OF STATE
SEGRETARY OF STATE

P.A. Rossar C.COULLIETTE

MAY 1 3 2009

EXAMINER



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 of | 07.0302(2), 617.03 | 002(2), 607.1509, or 6 | 51 /.1509, |
|---|------------------------|------------------------|--------------------------|
| Florida Statutes, the undersigned, | СТСОБ | RPORATION SYSTEM | Л |
| · ············ · · · · · · · · · · · · | (Name | e of Registered Agent) | |
| hereby resigns as Registered Agent for | IMAGEOS, INC | (DE. DOM.) | |
| marae j resignis de respisieres rigent for | (Na | me of Corporation) | , |
| F02000001221 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to The agency is terminated and the office this statement is filed. | | - | |
| (Si If signing on behalf of an entity: | gnature of Resigning A | Agent) | 09 MAY -7 SECRETAR |
| C T CORPORAT | TION SYSTEM - TH | IERESA ALFIERI | Y OF |
| | (Typed or Printed Nam | e) | E: 03 FLORII |
| AS | SISTANT SECRET | ARY | 2: 03 STATE LORIDA |
| | (Capacity) | <u></u> | <u></u> |

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