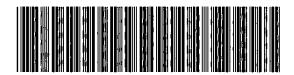
## 10200003998

(Requestor's Na	ime)
(Address)	
•	
(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAIT	T MAIL
(Business Entity	/ Name)
(December 1)	-12
(Document Nun	nber)
Certified Copies Certifi	cates of Status
Special Instructions to Filing Officer	r:
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	<u> 7</u> X''

Office Use Only



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08 MAR 13 PH 2: 18



RA RES

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 of	37.0302(2), 017.0302(2), 007.1309, 01 017.1309,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
1 1 1 B 1 1 B 1 1 1 1 C	UNICALIBROS PUBLISHING CORP. (DE. DOM.)	
hereby resigns as Registered Agent for	(Name of Corporation)	
F020000003998		
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	guardic of resigning Agent)	
	TION SYSTEM - THERESA ALFIERI  Typed or Printed Name)  Typed or Printed Name)	
C	Typed or Printed Name)	
ASS	SISTANT SECRETARY	
	(Capacity)  Capacity)  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