F0400001008

| (Re | questor's Name) | |
|-------------------------|-------------------|--------------|
| (Ad | dress) | |
| - (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL MAIL |
| (Bu | siness Entity Nar | ne) |
| | | |
| · (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500162580925

11/03/03--01068--001 **35.00

FILEU 2009 NOV -9 P 12: SECRETARY OF STA

RA Resign Thereis 11-10-09



a Wolters Kluwer business

111 Eighth Avenue NewYork, NY 10011

November 4, 2009

RE: SECURE SOURCE, INC. (DE. DOM.) THE 3DO COMPANY. (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 70.00 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 6 | 07.0502(2), 617.0502(2), 6 | 07.1509, or | 617.1509, | | |
|--|-----------------------------|----------------------------|----------------|---------------|------------------|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | | | | |
| · • • • • • • • • • • • • • • • • • • • | (Name of Regis | (Name of Registered Agent) | | , | |
| hereby resigns as Registered Agent for | SECURE SOURCE, INC. | (DE. DOM | (.) | _ | * |
| | (Name of Corporation) | | , | | |
| F1000002363 | | | | | |
| (Document Number, if known) | | | | | |
| A copy of this resignation was mailed to | o the above listed corporat | ion at its last | known address. | | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st d | lay after the o | late on which | - | |
| Bu | alf | , | 74.5 | | • |
| (Si | gnature of Resigning Agent) | | THE LAH | 71 | ,, , |
| If signing on behalf of an entity: | <i>V</i> | | NOV -9 RETAR | E - | |
| C T CORPORAT | TION SYSTEM - THERESA | ALFIERI | FR D | | |
| | Typed or Printed Name) | | STAT STAT | | د بارا د بارا |
| AS | SISTANT SECRETARY | | DE 6 | · real differ | |

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

(Capacity)