F05000004241

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
<u></u> (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	i.

Office Use Only



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05/23/12--01025--003 **175.00

DIVISION OF CORPORATIONS

12 MAY 23 PM 1: 13

PARES 10.5/24/12



CT Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

May 17, 2012

RE: CAPTIVA SOFTWARE INC. (FL.DOM)

COLLEGIATE DEVELOPMENT GP, INC. (PA.DOM)

DB PROPCO BP GP INC. (DE.DOM)

DH ASSET, INC. (DE.DOM) DH TAX, 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 $\underline{1}$ check in the amount of $\underline{175.00}$ 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), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	COLLEGIATE DEVELOPMENT GP, INC. (PA.DOM)	
	(Name of Corporation)	
F05000004241		
(Document Number, if known)	Manus.	
A copy of this resignation was mailed t	o the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:	\mathcal{O}	
C T CORPORA	TION SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	
AS	(Typed or Printed Name)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)