(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)	<u> </u>			
(Cit	ty/State/Zip/Phone	→ #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
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TRANSMITTAL LETTER

	nendment Section vision of Corporations						
SUBJECT	ADC ESD, INC.	(DE. DOM.))				
SCHOLLCI	· •	(Name of	f Corporat	ion)			
DOCUME	ENT NUMBER:	F94000000840	,			······································	
The enclos	ed Resignation of Regis	stered Agent for	a Corpor	ation and fe	e are subm	itted for filin	g.
Please retu	ırn all correspondence c	oncerning this m	natter to t	he followin	g:		
THERESA	A ALFIERI						
	(Name of Pe	rson)			* - ·		
C T CORE	PORATION SYSTEM						
	(Name of Firm/C	ompany)		-			
111 8TH A	AVENUE - 13TH FLOOF	.					
	(Address)					
NEW YO	RK, NEW YORK 10011						
	(City/State and Z	ip Code)		_			
For further	information concerning	g this matter, ple	ase call:				
THERESA		at (_	212) 894 - 851e & Daytime	S		
	(Name of Person)		Area Code	& Daytime	Telephone N	Number)	
					#0# # 0 C	,•	4.

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E046(11/02)

FILED

03 NOV 24 AM 10: 10

RESIGNATION OF REGISTERED AGENT ACRETARY OF STATE FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CT CORPORATION SYSTEM (Name of Registered Agent)
hereby resigns as Registered Agent for ADC ESD, INC. (DE. DOM.) (Name of Corporation)
F94000000840
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
C T CORPORATION SYSTEM - Theresa Alfieri
(Typed or Printed Name)
ASSISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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