F94000003905

(Ке	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
(On	Jiotatei Eipii non	<i>C </i>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(=	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Cilium Officer	
Special Instructions to	Filing Officer:	
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Office Use Only



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11/23/09--01002--014 **210.00



RA Cesign Rewro



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

November 13, 2009

RE:	SRS COMMUNICATIONS CORPORATION	(CT. DOM.)
	SMITH TECHNOLOGY CORPORATION	(DE. DOM.)
	STELLENT, INC.	(MN. DOM.)
	SUNSATIONS SUNGLASS COMPANY	(IN. DOM.)
	SURGICAL INSTRUMENTS REPAIR SERVICE, INC.	(MI. DOM.)
	TALON ACCEPTANCE CORPORATION	(FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$210.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	s 607.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	M
, <u> </u>	(Name of Registered Agent)	
hansharmasiana as Basistanad Assatt	SURGICAL INSTRUMENTS REPAIR S	ERVICE, INC.
hereby resigns as Registered Agent f	or (MI DOM) (Name of Corporation)	
F94000003905		
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last	known address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the o	late on which
4	ricel	TAPLARIA SECRET
	(Signature of Resigning Agent)	TAGE TO A
If signing on behalf of an entity:		N 20
C T CORPOR	ATION SYSTEM - THERESA ALFIERI	Eg D
	(Typed or Printed Name)	u: 33
	ASSISTANT SECRETARY	* F
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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