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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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10/21/04--01008--006 **210.00

04 OCT 21 PM 4: 26

Story Story

CT CORPORATION SYSTEM

October 14, 2004

RE: CONTIMORTGAGE CORPORATION (DE,. DOM.)
CONSTRUCTORS & ASSOCIATES, INC. (TX. DOM.)
DIAMOND EXTERIORS, INC. (DE. DOM.)
DOUG DAILEY COMPANY, INC. (GA. DOM.)
INSPECTECH CORPORATION (CA. DOM.)
NETWORK ACCESS SOLUTIONS CORPORTION (DE. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is <u>1</u> check in the amount of \$210.00 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 (ld)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld Enclosure

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

04 OCT 21 PM 4: 26

| Pursuant to the provisions of sections | 607.0502(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 fo | CONSTRUCTORS & ASSOCIATES, INC. (TX_DOM) (Name of Corporation) |
| | (Name of Corporation) |
| F97000001245 | |
| (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 offic this statement is filed. | ce discontinued on the 31st day after the date on which |
| She | alfe. |
| | Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| C T CORPORA | ATION SYSTEM - THERESA ALFIERI |
| | (Typed or Printed Name) |
| A | SSISTANT 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