ORATION SYSTEM DDD0023 New York, N

Fax 212-590-9180

TRAFFIC SAFETY SYSTEMS, INC.

(DE. DOM.)

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

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 1 checks in the amount of \$35.00 each 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-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri -Senior Supervisor & Assistant Secretary

TA: hm Enclosure

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 60	97.0502(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	TRAFFIC SAFETY SYSTEMS, INC. (DE. DOM.) (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address. A copy of this resignation was mailed to the above listed corporation at its last known address. Providence, RI 02903 Attn: Candace S. Karlson Legal Assistant Which The agency is terminated and the office discontinued on the 31st day after the date on Which This statement is filed. A copy of this resignation was mailed to the above listed corporation at its last known address. A copy of this resignation was mailed to the above listed corporation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known address. A copy of this resignation at its last known at its las	
-	CORPORATION SYSTEM Typed or Printed Name)
ASSI:	STANT SECRETARY
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314