P02000043091

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500043276365

12/13/04--01012--004 **35.00

SECRETARY OF STATE

R. A. Resignation 12-16-04

TRANSMITTAL LETTER

	dment Section		
Divisi	on of Corporations		
SUBJECT:	Steel IMPRESSIONS INC	Э.	
		(Name of Corporation	on)
DOCUMEN'	F NUMBER: P02000043	091	
The enclosed	Resignation of Registered A	gent for a Corpora	tion and fee are submitted for filing.
Please return	all correspondence concernir	ng this matter to th	e following:
MARY JO	SPALINGER		
	(Name of Person)		
BUSINESS	FILINGS INCORPORATE	ED	
	(Name of Firm/Company))	
8025 EXCE	ELSIOR DRIVE #200		
	(Address)		
MADISON,	WI 53717		
	(City/State and Zip Code)		
For further in	formation concerning this ma	atter, please call:	
SAME		at (608)	827-5300 X 254
	(Name of Person)	(Area Code	& Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2004 DEC 13 PM 2: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, BUSINESS FILINGS INCORPORATED
(Name of Registered Agent)
nereby resigns as Registered Agent for STEEL IMPRESSIONS INC.
(Name of Corporation)
P02000043091
(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 his statement is filed.
(Signature of Resigning Agent)
(Signature or Resigning Agent)
f signing on behalf of an entity:
Mark Schiff, AVP - Business Filings Incorporated
(Typed or Printed Name)
Assistant Vice President
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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