Po338 Requestor's Name Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 500002484075 (Corporation Name) (Document #) *****35.00 *****35,00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time Walk in ☐ Will wait Photocopy Certificate of Status ☐ Mail out AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(1/95)

CT CORPORATION SYSTEM

1633 Broadway New York, NY 10019 Tel. 212 246 5070 March 31, 1998

RE: DITEL, INC. (NC. DO
DOLPHIN COMPUTER SYSTEMS, INC.
BARRY E DOTSON & ASSOCIATES IN

(NC. DOM.) S, INC. (OH. DOM.) TES, INC. (TN. DOM.)

BARRY E. DOTSON & ASSOCIATES, INC. DRESS TO THE NINES OF NASHVILLE, INC.

(TN. DOM.)

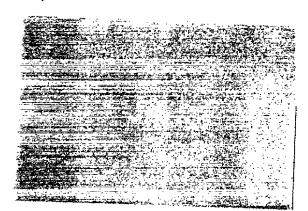
DREXEL BURNHAM LAMBERT INSURANCE AGENCY

INC.

(FL. 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 <u>5</u> 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,

C T CORPORATION SYSTEM

Theresa I

Theresa Alfieri Senior Supervisor

TA: lk enclosure



Florida Department of State, Jim Smith, Secretary of State

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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of	sections 607.0502	2(2) or 607.1509, Florida S	Statues, the
undersigned, CT CORPOR	ATION SYSTEM	hereby resign	is as
(name of registered agent)			
Registered Agent for	BARRY E.	DOTSON & ASSOCIATES,	INC.
(name of corporation)			
ORGANIZED UNDER THE LAWS	OF THE STATE OF	TENNESSEE	
A copy of this resignation was mailed to the above listed corporation at its last known address. 5580 Nolensville Rd. Nashville, Tn. 37211. Att: ALAN T. Fister			
The agency is terminated and which the statement was filed		tinued on the 31st day afte	er the date on
•	~	e Orali	

FEE FOR FILING THIS DOCUMENT: \$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation

SIGNATURE ASSISTANT SECRETARY

Division of Corporations - P. O. Box 6327 - Taliahassee, FL 32314 CR2E046 (7-90)