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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARTNERS TRUST INC
(Name of Corporation)

DOCUMENT NUMBER: P05000102372

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHY MOODY
(Name of Person)

(Name of Firm/Company)

1435 SUMMIT RUN CR
(Address)

WEST PALM BEACH, FL 33415
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY MOODY at (561) 308-8771
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KATHY S. MOODY, hereby resign as V.P.
(Title)

of PARTNERS TRUST INC
(Name of Corporation)

P05000102312, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Kathy S. Moody
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEE IS \$35.00

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314