

P08155

CT Corporation System

Theresa Alfieri  
Requestor's Name

1633 Broadway  
Address

New York, NY 10019  
City/State/Zip Phone #

212-246-5070

400002806884--5  
-03/15/99-01160--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

3-18-99

Examiner's Initials cc



Florida Department of State, Jim Smith, Secretary of State

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TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for TRIANGLE MANAGEMENT CORPORATION  
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF MASSACHUSETTS

A copy of this resignation was mailed to the above listed corporation at its last known address.

C/O Triangle Capital Corporation  
116 Huntington ave  
Boston, MA 02116 Attn: Stephen Pacocha, Controller

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

*John Alford*  
SIGNATURE  
ASSISTANT SECRETARY

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