

P22923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

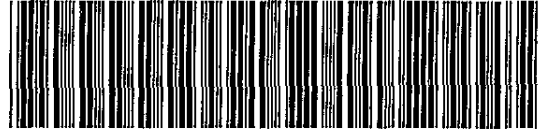
(Business Entity Name)

(Document Number)

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10/15/04--01027--018 \*\*140.00

FILED  
04 OCT 15 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAPES  
TS 10/15/04

CT CORPORATION

October 6, 2004

RE: BOLIDEN CHEMICALS, INC. (DE. DOM.)  
PENNY RICH CORPORATION (NV. DOM.)  
THE RECIPROCAL INSURANCE AGENCY, LTD. (VA. DOM.)  
WASTE RECOVERY, INC. (TN. DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$ 140.00 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-address envelope.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (ld)*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA:ld  
Enclosure

111 Eighth Avenue  
New York, NY 10011  
Tel. 212 894 8940  
Fax 212 590 9180

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
04 OCT 15 PM 2:37  
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, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for BOLIDEN CHEMICALS, INC. (DE. DOM.)

(Name of Corporation)

P22923

(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 this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(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withdrawn corporation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**