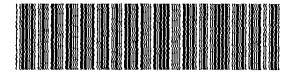
P9400003560°

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

Office Use Only



100022064301

08/11/03--01023--019 **175.00



R/A Resign.

W.

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Sardonyx, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P94000035609
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert C. Lohr
(Name of Person)
Sardonyx, Inc.
(Name of Firm/Company)
313 Castle Shannon Boulevard
(Address)
Pittsburgh, Pennsylvania 15234
(City/State and Zip Code)
For further information concerning this matter, please call:
Patrick Cahalane at (412) 341-4500 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	507.0502(2), 617.0502(2), 607.1509, or 617.1	.509,
Florida Statutes, the undersigned,E	ric C. Miller	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Sardonyx, Inc.	
more of resigns as respected regalities	(Name of Corporation)	
P94000035609		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last know	√n address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date o	n which
Lemie		
(\$	ignature of Resigning Agent)	·
If signing on behalf of an entity:		FIL 03 AUG 15 SECRETARY
	(Typed or Printed Name)	PH II.2

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)