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ATTORNEYS' TITLE INSURANCE FUND, INC.

P.O. Box 628600 • Orlando, FL 32862-8600

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

800004702488--2 -12/03/01--01065--015 | *****35.00 ******35.00

Re: Saddleworth Investments, Inc.

Dear Sirs,

Enclosed please find for filing my resignation as Registered Agent of Saddleworth Investments, Inc.

Yours truly,

William T, Conner P.O. Box 628600

Orlando, FL 32862

Tel: (407) 240-3863

cc: Saddleworth Investments, Inc.

Enclosures

PILED SHCRETARY OF STATE

R.A. Resignation



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	William T. Conner	
, <u> </u>	(Name of registered agent)	
hereby resigns as Registered Agent for _	Saddleworth Investments, Inc.	
	(Name of corporation)	- u x
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:		
(Typed or Printed Name)		
	(Capacity)	* * · · · · · · · · · · · · · · · · · ·

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314