2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# F08000005403

Entity Name: TEXTHELP SYSTEMS INC.

Current Principal Place of Business:

100 UNICORN PARK DR.
WOBURN, MA 01801 US

New Principal Place of Business:

600 UNICORN PARK DR.
WOBURN, MA 01801 US

Current Mailing Address:

100 UNICORN PARK DR.
WOBURN, MA 01801 US

New Mailing Address:

600 UNICORN PARK DR.
WOBURN, MA 01801 US

FEI Number: 06-1622277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCCUSKER, MARK
Address: 600 UNICORN PARK DR.
City-St-Zip: WOBURN, MA 01801 US

Title: T
Name: SCULLION, SEAMUS
Address: 600 UNICORN PARK DR.
City-St-Zip: WOBURN, MA 01801 US

Title: S
Name: SCULLION, SEAMUS
Address: 600 UNICORN PARK DR.
City-St-Zip: WOBURN, MA 01801 US

Title: D
Name: MCCUSKER, MARK
Address: 600 UNICORN PARK DR.
City-St-Zip: WOBURN, MA 01801 US

Title: D
Name: SCULLION, SEAMUS
Address: 600 UNICORN PARK DR.
City-St-Zip: WOBURN, MA 01801 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEAMUS SCULLION T 02/28/2011

Electronic Signature of Signing Officer or Director Date