

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

And

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005095 (5)

1. Corporation Name
TEXTWO, INC.



Principal Place of Business
C/O GENERAL ELECTRIC CAPITAL CORP.
260 LONG RIDGE RD
STAMFORD CT 06902

Mailing Address
GE CAPITAL CORP. ATTN: SHANNON WILLIAMS
P.O. BOX 9552
FT. MYERS FL 33906-9552

3. Date Incorporated or Qualified
11/10/1993

3a. Date of Last Report
04/14/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 06-1392010	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAIZER, MICHAEL D	1.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, DAVID B	2.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORO, EDWARD J	3.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBLE, JOAN	4.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTNEDGE, RICHARD	5.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZURIAGA, J	6.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary J. Schulman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 203-357-4

Date

Daytime Phone #

CR2E034 (9/96)