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

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May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F93000005095 (5) TEXTWO, INC. Principal Place of Business Mailing Address C/O GENERAL ELECTRIC CAPITAL CORP. GE CAPITAL CORP. ATTN: SHANNON WILLIAMS 260 LONG RIDGE RD P.O. BOX 9552 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33906-9552 STAMFORD CT 06902 3. Date Incorporated or Qualified 11/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 06-1392010 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 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 (NOTE Ringistered Agent signature required when rainstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1 1 TITLE NAME SCHULMAN, GARY J 1.2 NAME 260 LONG RIDGE RD. STREET ADDRESS 1.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 14 City-ST-7IP Change Addition DELETE TITLE 21 TITLE NAME HENRY, DAVID B 2.2 NAME 260 LONG RIDGE ROAD STREET ADDRESS 2.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE SANTORO, EDWARD J 3.2 NAME NAME 260 LONG RIDGE ROAD STREET ADDRESS 3.3 STREET ADDRESS STAMFORD CT 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE AMBLE, JOAN NAUF 4. 2 NAME 260 LONG RIDGE ROAD STREET ADDRESS 43 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5 1 TITLE WESTNEDGE, RICHARD NAME 5.2 NAME 260 LONG RIDGE ROAD STREET ADDRESS 5.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TATL F 6.1 TITLE LUZURIAGA, J NAME 6.2 NAME STREET ADDRESS 260 LONG RIDGE ROAD 6.3 STREET ADDRESS STAMFORD CT

64 CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Gary J. Schumm

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203.321-4274