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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300005095

TEXTWO, INC.

Principal Place of	Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90017 023 ***150.00



C/O GENERAL ELECTRIC CAPITAL CORP. 260 LONG RIDGE RD STAMFORD CT 06902 GE CAPITAL CORP. ATTN: SHANNON WILLIAMS P.O. BOX 9552 FT. MYERS FL 33906-9552			3. Date Incorporated or Qual	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
							11/10/1993				
2. Principal Pla	ace of Business	2a.	. Mailing Address				4. FEI Number			Applied For	
21		26	_				06-1392010			Not Applicable	
Suite, Apt. #	¥, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗆	~	Additional Required	
City & State City & State			Election Campaign Finance Trust Fund Contribution	ing		May Be to Fees					
Zip	Country 25	29	Zip Country			This corporation owes the Personal Property Tax.		Yes	□No		
	9. Name and Address of Curren	nt Regis	stered Agent		\Box		10. Name and Address of N	ew Registered	d Agent		
					81 Name						
CORPORATION INFORMATION SERVICES, INC 1201 HAYS STREET				82	Street	Address (P.O. Box Number is Not Acc	ress (P.O. Box Number is Not Acceptable)				
	AHASSEE FL 32301				83						
					84	City		F	85 Zip	Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Floric ations of	da. Such change w ; Section 607.0505	as autnonze , Florida Sta	a by tutes	the corp	corporation submits this statement for poration's board of directors. I hereby a	ccept the app	of changing it ointment as a	ts registered registered	
	Signature, typed or printed name of registered age					t signature	required when reinstating)	DATE	NID DIDECT	FORE IN 12	
12.	OFFICERS AI	ND DIRE		13.			ADDITIONS/CHANGES TO				
TITLE	ATT		LETI		TTLE		John Amat 177 Long Riv Stamford	(Cr		, Magainen	
NAME .	SCHULMAN, GARY J				300 Riv	dae R	ξ4	1			
STREET ADDRESS	200 EONG TIDGE TID:			ADDRESS	1111 600 3	- ,					
C/TY-ST-ZIP	STAMFORD CT				TY-S	T-ZIP	Stum for a			Addition	
TITLE	VD		☐ DELET	E 2.1 T	TTLE				Change	e 🗌 Addition	
NAME	HENRY, DAVID B			2.2 N	IAME					ł	
STREET ADDRESS	260 LONG RIDGE ROAD			2.3 9	TREET	ADDRESS	i			}	
CITY-ST-ZIP	STAMFORD CT				CiTY-5	T-ZIP			·		
TITLE	VSD		☐ DELET	E 3.11	ITLE				Change	e Addition	
NAME	SANTORO, EDWARD J			3.2 N	AME						
STREET ADDRESS	260 LONG RIDGE ROAD			3.3 9	STREET	ADDRESS					
CITY-ST-ZIP	STAMFORD CT			3.4.	CITY- S	T-ZIP					
TITLE	T		☐ DELET	E 4.1 T	ITLE				☐ Change	e	
NAME	AMBLE, JOAN			4, 21	NAME						
STREET ADDRESS	260 LONG RIDGE ROAD			4.3 5	STREET	ADDRESS	;				
CITY-ST-ZIP	STAMFORD CT			4.4 (CITY-S	T-ZIP					
TITLE	VAS		☐ DELET	E 5.11	ITTLE				☐ Change	e 🔲 Addition	
NAME	WESTNEDGE, RICHARD			5.21	VAME					[
STREET ADDRESS	260 LONG RIDGE ROAD			5.3 \$	STREET	FADDRESS	5			ļ	
CITY-ST-ZIP	STAMFORD CT			5.4 0	CITY-S	T-ZIP					
TITLE	VAS		DELET	E 6.17	TTLE				Change	e 🔲 Addition	
NAME	LUZURIAGA, J			6.21	NAME						
STREET ADDRESS				6.3 5	STREET	ADDRESS					
O I KEE I ADUKESS	260 LONG RIDGE ROAD									ļ	

CITY-ST-ZIP

STAMFORD CT

14. I 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; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and the program of the process of the corporation or the receiver or truetee and other like empowered.

SIGNATURE: