## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 03, 2001 8:00 am Secretary of State DOCUMENT # F9300005095 1. Entity Name TEXTWO, INC. 05-03-2001 91121 004 \*\*\*150.00 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 FT. MYERS FL 33906-9552 STAMFORD CT 06902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 06-1392010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code Fl 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 3R2E034 (10/00) ATT P. TAZEZ TITLE Delete TITLE AMATO, JOHN Johnn- Frammetta NAME STREET ADDRESS 777 LONG RIDGE RD STREET ADDRESS 260 LONG RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06927 STAMEORD, CT-06927-9622 Change Delete TITLE ☐ Addition TITLE HENRY, DAVID B NAME NAME STREET ADDRESS 260 LONG RIDGE ROAD STREET ADDRESS CITY-ST-ZIP STAMFORD CT CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE SANTORO, EDWARD J NAME NAME STREET ADDRESS 260 LONG RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT ☐ Change ☐ Addition TIT! F TITLE ☐ Delete AMBLE, JOAN NAME NAME STREET ADDRESS 260 LONG RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT VAS Change Change ☐ Addition ☐ Delete TITLE TITLE WESTNEDGE, RICHARD NAME NAME STREET ADDRESS 260 LONG RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT VAS ☐ Addition TITLE ☐ Delete TITLE Change LUZURIAGA, J NAME NAME STREET ADDRESS STREET ADDRESS 260 LONG RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. DONNA M. FIAMMETTA 203-357-4544 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #