



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1330
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 92042		2. Name of Corporation Traction Software, Inc.			
3. Street Address Principal Business Office 245 WATERMAN ST SUITE 309		City PROVIDENCE		State RI	Zip 02906
4. Business Phone No 401-528-1145		5. State of Incorporation RHODE ISLAND			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP SOFTWARE SYSTEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GREGORY LLOYD			Vice President Name CHRISTOPHER NUZUM		
Street Address 446 MORRIS AVE			Street Address 103 LOWDEN ST		
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02860
Secretary Name CHRISTOPHER NUZUM			Treasurer Name GREGORY LLOYD		
Street Address 101 LOWDEN ST			Street Address 446 MORRIS AVE		
City PAWTUCKET	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GREGORY LLOYD			Director Name STEVEN WEINSTEIN		
Street Address 446 MORRIS AVE			Street Address 772 SOUTHAMPTON DR		
City PROVIDENCE	State RI	Zip 02906	City DALO ALTO	State CA	Zip 94303
Director Name THORNE SPARKMAN			Director Name - NONE -		
Street Address SLATER CENTER 3 DAVOL SQ			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
2,697,151 COMM \$0.01 PAR VALUE, 1,162,949 PREF \$0.01 PAR VALUE			757,793	COMMON	\$0.01
			778,594	PREF	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



92042

File Date	2-22-05
Check No.	2233
By	KL
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
GREGORY R. LLOYD
Date
2/18/2005
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1333
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92042		2. Name of Corporation Traction Software, Inc.			
3. Street Address: Principal Business Office 245 WATERMAN ST SUITE 309		City PROVIDENCE		State RI	Zip 02906
4. Business Phone No. 401-528-1145		5. State of Incorporation RHODE ISLAND			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP SOFTWARE SYSTEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GREGORY LLOYD			Vice President Name CHRISTOPHER NUZUM		
Street Address 446 MORRIS AVE			Street Address 1362 HOPE ST		
City PROVIDENCE	State RI	Zip 02906	City BRISTOL	State RI	Zip 02809
Secretary Name CHRISTOPHER NUZUM			Treasurer Name GREGORY LLOYD		
Street Address 1362 HOPE ST			Street Address 446 MORRIS AVE		
City BRISTOL	State RI	Zip 02809	City PROVIDENCE	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GREGORY LLOYD			Director Name STEVEN WEINSTEIN		
Street Address 446 MORRIS AVE			Street Address 772 SOUTHAMPTON DR		
City PROVIDENCE	State RI	Zip 02906	City PALO ALTO	State CA	Zip 94303
Director Name THORNE SPARKMAN			Director Name - NONE -		
Street Address SLATER CENTER 3 DAVOL SQ			Street Address		
City PROVIDENCE	State RI	Zip 02903			
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,697,151 COMM \$0.01 PAR VALUE, 1,162,949 PREF \$0.01 PAR VALUE			757,793	common	\$0.01
			778,594	pref	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 0 3 0 4 2 *

FILED

File Date FEB 27 2004

Check No. By [Signature]

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/26/2004

GREGORY A LLOYD

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92042		2. Name of Corporation Traction Software, Inc.	
3. Street Address Principal Business Office 245 WATERMAN ST SUITE 309		City PROVIDENCE	State RI
4. Business Phone No. 401-528-1145		Zip 02906	5. State of Incorporation RHODE ISLAND
6. SIC Code 7872			
7. Brief Description of the Character of Business Conducted in Rhode Island DEVELOP AND SELL COMPUTER SOFTWARE			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name GREGORY LLOYD		Vice President Name CHRISTOPHER NUZUM	
Street Address 446 MORRIS AVE		Street Address 140 MEDWAY ST #93	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Secretary Name CHRISTOPHER NUZUM		Treasurer Name GREGORY LLOYD	
Street Address 140 MEDWAY ST #93		Street Address 446 MORRIS AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name GREGORY LLOYD		Director Name STEVEN WEINSTEIN	
Street Address 446 MORRIS AVE		Street Address 772 SOUTHAMPTON DRIVE	
City PROVIDENCE	State RI	City PALO ALTO	State CA
Zip 02906		Zip 94303	
Director Name THORNE SPARKMAN		Director Name JEFFREY WEISS	
Street Address 3 DAVOL SQUARE ROOM A-301		Street Address 8 WHITNEY DRIVE	
City PROVIDENCE	State RI	City LINCOLN	State RI
Zip 02903		Zip 02865	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
2,697,151 COMM	\$0.01 PAR VALUE	1,162,949 PREF	\$0.01 PAR VALUE
757,793	COMM	\$0.01	
719,319	PREF	\$0.01	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 2 0 4 2 *

File Date: 2-27-03

Check No.: 1787

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer GREGORY R. LLOYD Date 27 Feb 2003

Print or Type Name of Officer
PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3046



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92042** 2. Name of Corporation **Twisted Systems, Inc.**
3. Street Address Principal Business Office
245 Waterman Street, Suite 309
4. Business Phone No. **528-1145** 5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02906**
6. SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island

To develop software systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Gregory R. Lloyd Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Vice President Name Christopher Nuzum Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906
Secretary Name Christopher Nuzum Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Treasurer Name Gregory R. Lloyd Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Gregory R. Lloyd Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Director Name Timothy Simonson Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906
Director Name Steven Weinstein Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Director Name Joseph Caruso Street Address 50 Bay Colony Drive City Westwood State MA Zip 02090

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000,000	Common	\$0.01
700,000	Series A	\$0.01
300,000	Convertible Preferred	\$0.01

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
344,813	Common	\$0.01
120,328	Series A	\$0.01
	Convertible Preferred	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/13/2002

Check No.: 1642

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 12 Mar 2002

Gregory R. Lloyd

Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-13
401-222-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92042** 2. Name of Corporation **Twisted Systems, Inc.**

3. Street Address Principal Business Office

245 Waterman Street, Suite 309

City

Providence

State

RI

Zip

02906

4. Business Phone No.

528-1145

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7872

7. Brief Description of the Character of Business Conducted in Rhode Island

To develop software systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Gregory R. Lloyd

Vice President Name

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309

Street Address

245 Waterman Street, Suite 309

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Christopher Nuzum

Treasurer Name

Gregory R. Lloyd

Street Address

245 Waterman Street, Suite 309

Street Address

245 Waterman Street, Suite 309

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Gregory R. Lloyd

Director Name

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309

Street Address

245 Waterman Street, Suite 309

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Director Name

Steven Weinstein

Director Name

Joseph Caruso

Street Address

245 Waterman Street, Suite 309

Street Address

50 Bay Colony Drive

City

Providence

State

RI

Zip

02906

City

Westwood

State

MA

Zip

02090

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

686 1/8

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 9 2 0 4 2 *

File Date: **FILED**

Check No.: **MAR 12 2001**

By: **By 001477**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Gregory R. Lloyd

Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1131
401-222-3600

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92042** 2. Name of Corporation **Twisted Systems, Inc.**

3. Street Address Principal Business Office

245 Waterman Street, Suite 309

City

Providence

State

RI

Zip

02906

4. Business Phone No.

528-1145

5. State of Incorporation
RHODE ISLAND

6. SIC Code

7872

7. Brief Description of the Character of Business Conducted in Rhode Island

To develop software systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Gregory R. Lloyd

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

Secretary Name

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

Vice President Name

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

Treasurer Name

Gregory R. Lloyd

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Gregory R. Lloyd

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

Director Name

Steven Weinstein

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

Director Name

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309

City

State

Zip

Providence

RI

02906

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

686 1/8

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 2 0 4 2 *

FILED

File Date: MAR 09 2000

Check No.: By Gregory R. Lloyd

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Gregory R. Lloyd

Print or Type Name of Officer

President

Date

5 MARCH 2000



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-277-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

92042

Twisted Systems, Inc.

3. Street Address Principal Business Office

City

State

Zip

245 Waterman Street, Suite 309

Providence

RI

02906

4. Business Phone No.

5. State of Incorporation

6. SIC Code

528-1145

RHODE ISLAND

7872

7. Brief Description of the Character of Business Conducted in Rhode Island

To develop software systems.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Vice President Name

Gregory R. Lloyd

Christopher Nuzum

Street Address

Street Address

245 Waterman Street, Suite 309

245 Waterman Street, Suite 309

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

Secretary Name

Treasurer Name

Christopher Nuzum

Gregory R. Lloyd

Street Address

Street Address

245 Waterman Street, Suite 309

245 Waterman Street, Suite 309

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

Gregory R. Lloyd

Christopher Nuzum

Street Address

Street Address

245 Waterman Street, Suite 309

245 Waterman Street, Suite 309

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

Director Name

Director Name

Steven Weinstein

Street Address

Street Address

245 Waterman Street, Suite 309

City

State

Zip

City

State

Zip

Providence

RI

02906

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

608

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

File Date: July 26, 1999

Check No.: 1194

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Gregory R. Lloyd

Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 92042		2. Name of Corporation Twisted Systems, Inc.	
3. Street Address Principal Business Office 245 Waterman Street, Suite 402		City Providence	State RI
4. Business Phone No. 528-1145		5. State of Incorporation RHODE ISLAND	Zip 02906
6. SIC Code 7872			
7. Brief Description of the Character of Business Conducted in Rhode Island To develop software systems.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Gregory R. Lloyd		Vice President Name Christopher Nuzum	
Street Address 245 Waterman Street, Suite 402		Street Address 245 Waterman Street, Suite 402	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Christopher Nuzum		Treasurer Name Gregory R. Lloyd	
Street Address 245 Waterman Street, Suite 402		Street Address 245 Waterman Street, Suite 402	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name Gregory R. Lloyd		Director Name Christopher Nuzum	
Street Address 245 Waterman Street, Suite 402		Street Address 245 Waterman Street, Suite 402	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Steven Weinstein		Director Name	
Street Address 245 Waterman Street, Suite 402		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000 SHS NO PAR VALUE		550	
Par Value		Par Value	
		No Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

FEB 10 1998

By

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Gregory R. Lloyd

Print or Type Name of Officer

President

Date

10 Feb 98



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-277-30

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.		2. Name of Corporation	
92042		Twisted Systems, Inc.	
3. Street Address Principal Business Office			
245 Waterman Street, Suite 101			
4. Business Phone No.		5. State of Incorporation	
		RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island			
To develop software systems.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name		Vice President Name	
Gregory R. Lloyd		Christopher Nuzum	
Street Address		Street Address	
245 Waterman Street, Suite 101		245 Waterman Street, Suite 101	
City	State	City	State
Providence	RI	Providence	RI
Zip		Zip	
02906		02906	
Secretary Name		Treasurer Name	
Christopher Nuzum		Gregory R. Lloyd	
Street Address		Street Address	
245 Waterman Street, Suite 101		245 Waterman Street, Suite 101	
City	State	City	State
Providence	RI	Providence	RI
Zip		Zip	
02906		02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name		Director Name	
Gregory R. Lloyd		Christopher Nuzum	
Street Address		Street Address	
245 Waterman Street, Suite 101		245 Waterman Street, Suite 101	
City	State	City	State
Providence	RI	Providence	RI
Zip		Zip	
02906		02906	
Director Name		Director Name	
Steven Weinstein			
Street Address		Street Address	
245 Waterman Street, Suite 101			
City	State	City	State
Providence	RI		
Zip		Zip	
02906			
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000 SHS NO PAR VALUE		550 of	No Par Val

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 2 0 4 2 *

File Date: 2.28.97

Check No.: 1015

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/28/97
Date

GREGORY R. LLOYD
Print or Type Name of Officer

PRESIDENT