

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 844706 (2)
1. Corporation Name
TRIAD SYSTEMS FINANCIAL CORPORATION

Principal Place of Business
3055 TRIAD DRIVE
LIVERMORE CA 94550-9559

Mailing Address
3055 TRIAD DRIVE
LIVERMORE CA 94550-9559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1979	
21. <i>Same</i>	26. <i>Same</i>	4. FEI Number 94-2525826		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLANCO, BRUCE M.		1.2 NAME				
STREET ADDRESS	3055 TRIAD DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	LIVERMORE CA 94550		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PORTER, JAMES R		2.2 NAME				
STREET ADDRESS	3055 TRIAD DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LIVERMORE CA		2.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARQUIS, STANLEY		3.2 NAME				
STREET ADDRESS	3055 TRIAD DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	LIVERMORE CA		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GORMAN, SHANE L		4.2 NAME				
STREET ADDRESS	3055 TRIAD DR.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LIVERMORE CA		4.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOORE, LEON J		5.2 NAME				
STREET ADDRESS	3055 TRIAD DR.		5.3 STREET ADDRESS				
CITY-ST-ZIP	LIVERMORE CA		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 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: *Leon J Moore* 1-30-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0532843

CR2E034 (1097)

**TRIAD SYSTEMS FINANCIAL CORPORATION
3055 TRIAD DRIVE
LIVERMORE, CA 94550**

F.E.I.N. 94-2525826

OFFICERS AND DIRECTORS OF THE CORPORATION

President / CFO:	Address:	SSN:
Bill Allen	3055 Triad Drive Livermore, CA 94550	144-40-1234
Vice-President:		
NONE		
Secretary:		
Patrick J. Kernan	3055 Triad Drive Livermore, CA 94550	473-60-5219
Treasurer:		
NONE		
Assistant Secretary:		
Leon J. Moore	3055 Triad Drive Livermore, CA 94550	367-38-2763
Directors:		
James R. Porter	3055 Triad Drive Livermore, CA 94550	449-50-2527
Shane L. Gorman	3055 Triad Drive Livermore, CA 94550	320-36-6413
Matt Hale	3055 Triad Drive Livermore, CA 94550	