

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 001 ***150.00

066096

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **844706**
 1. Corporation Name
TRIAD SYSTEMS FINANCIAL CORPORATION



Principal Place of Business: **3055 TRIAD DRIVE LIVERMORE CA 94550-9539**
 Mailing Address: **3055 TRIAD DRIVE LIVERMORE CA 94550-9539**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same →		26 6207 Bee Cave Rd		11/28/1979	
22 Suite, Apt. #, etc.		27 #		4. FEI Number	
				94-2525826	
23 City & State		28 Austin, TX		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 78746		6. Election Campaign Financing	
25 Country		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		FL					

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	1.1 TITLE	President
NAME	BLANCO, BRUCE M.	1.2 NAME	William Allen III
STREET ADDRESS	3055 TRIAD DRIVE	1.3 STREET ADDRESS	6207 Bee Cave Rd
CITY-ST-ZIP	LIVERMORE CA 94550	1.4 CITY-ST-ZIP	Austin, TX 78746
TITLE	D	2.1 TITLE	VP/Secretary
NAME	PORTER, JAMES R	2.2 NAME	Preston W. Staats
STREET ADDRESS	3055 TRIAD DRIVE	2.3 STREET ADDRESS	6207 Bee Cave Rd
CITY-ST-ZIP	LIVERMORE CA	2.4 CITY-ST-ZIP	Austin, TX 78746
TITLE	P	3.1 TITLE	CEO
NAME	MARQUIS, STANLEY	3.2 NAME	Matthew Hale
STREET ADDRESS	3055 TRIAD DRIVE	3.3 STREET ADDRESS	6207 Bee Cave Rd
CITY-ST-ZIP	LIVERMORE CA	3.4 CITY-ST-ZIP	Austin, TX 78746
TITLE	D	4.1 TITLE	Assistant Secretary
NAME	GORMAN, SHANE L	4.2 NAME	Walter Earl Bissex
STREET ADDRESS	3055 TRIAD DR.	4.3 STREET ADDRESS	6207 Bee Cave Rd
CITY-ST-ZIP	LIVERMORE CA	4.4 CITY-ST-ZIP	Austin, TX 78746
TITLE	AS	5.1 TITLE	Director
NAME	MOORE, LEON J	5.2 NAME	Glenn E. Staats
STREET ADDRESS	3055 TRIAD DR.	5.3 STREET ADDRESS	6207 Bee Cave Rd
CITY-ST-ZIP	LIVERMORE CA	5.4 CITY-ST-ZIP	Austin, TX 78746
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Preston W. Staats
STREET ADDRESS		6.3 STREET ADDRESS	6207 Bee Cave Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Austin, TX 78746

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/12/99 DAYTIME PHONE #: 512-278-5000

CR2E034 (1/198)