

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90606 018 \*\*\*150.00

DOCUMENT # 844706

1. Entity Name

TRIAD SYSTEMS FINANCIAL CORPORATION

Principal Place of Business

6207 BEE CAVE ROAD  
AUSTIN TX 78746  
US

Mailing Address

6207 BEE CAVE ROAD  
AUSTIN TX 78746  
US

2. Principal Place of Business

804 LAS CIMAS PKWY

3. Mailing Address

804 LAS CIMAS PKWY

Suite/Apt. #, etc.

200

Suite/Apt. #, etc.

200

City & State

AUSTIN TX

City & State

AUSTIN TX

Zip

78746

Country

US

Zip

78746

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2525826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, WILLIAM III	
STREET ADDRESS	6207 BEE CAVE ROAD	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	STAATS, PRESTON W	
STREET ADDRESS	6207 BEE CAVE ROAD	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HALE, MATTHEW	
STREET ADDRESS	6207 BEE CAVE ROAD	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BISSEX, WALTER E	
STREET ADDRESS	6207 BEE CAVE ROAD	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAATS, GLENN E	
STREET ADDRESS	6207 BEE CAVE ROAD	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAATS, PRESTON W	
STREET ADDRESS	6207 BEE CAVE ROAD	
CITY-ST-ZIP	AUSTIN TX 78746	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, CFO DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL STONE	
STREET ADDRESS	804 LAS CIMAS PKWY STE 200	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER SPELTZ	
STREET ADDRESS	804 LAS CIMAS PKWY STE 200	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LON ENSLER	
STREET ADDRESS	804 LAS CIMAS PKWY STE 200	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)