

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90014 047 \*\*\*150.00

**DOCUMENT # 844706**

1. Entity Name  
**TRIAD SYSTEMS FINANCIAL CORPORATION**

Principal Place of Business

**804 LAS CIMAS PKWY  
 SUITE 200  
 AUSTIN TX 78746  
 US**

Mailing Address

**804 LAS CIMAS PKWY  
 SUITE 200  
 AUSTIN TX 78746  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip--

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ASTS SPELTZ, CHRISTOPHER 804 LAS CIMAS PKWY SUITE 200 AUSTIN TX 78746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS STAATS, PRESTON W 6207 BEE CAVE ROAD AUSTIN TX 78746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCFD STONE, PAUL 804 LAS CIMAS PKWY SUITE 200 AUSTIN TX 78746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ENSLER, LON 804 LAS CIMAS PKWY SUITE 200 AUSTIN TX 78746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STAATS, GLENN E 6207 BEE CAVE ROAD AUSTIN TX 78746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STAATS, PRESTON W 6207 BEE CAVE ROAD AUSTIN TX 78746</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. VP Greg Petersen 804 Las Cimas Parkway #200 Austin TX 78746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres./CFO Michael Aviles 804 Las Cimas Parkway, #200 Austin TX 78746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Richard W. Rew, II 804 Las Cimas Parkway, #200 Austin TX 78746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Christopher Speltz 804 Las Cimas Parkway, #200 Austin TX 78746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Christopher Speltz* **Christopher Speltz** January 12, 2002 512-278-5615  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)