


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 030 \*\*\*150.00

<b>DOCUMENT # 844706</b> 1. Entity Name <b>TRIAD SYSTEMS FINANCIAL CORPORATION</b>					
Principal Place of Business <b>804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746 US</b>			Mailing Address <b>804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS SPELTZ, CHRISTOPHER 804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, GREG 804 LAS CIMAS PARKWAY #200 AUSTIN, TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO AVILES, MICHAEL 804 LAS CIMAS PARKWAY, #200 AUSTIN, TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ENSLER, LON 804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rew, Richard W.(II) 804 Las Cimas Pkwy Suite 200 Austin TX 78746 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REW, RICHARD W II 804 LAS CIMAS PARKWAY, #200 AUSTIN, TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPELTZ, CHRISTOPHER 804 LAS CIMAS PARKWAY, #200 AUSTIN, TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Chris Speltz/VP		1/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

*Attachment*



**Division of Corporations**

*241012109*

*# 844706*

**Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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