


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90026 034 \*\*\*150.00

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<b>DOCUMENT # 844706</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-2525826	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ASTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPELTZ, CHRISTOPHER	NAME			
STREET ADDRESS	804 LAS CIMAS PKWY SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSEN, GREG	NAME			
STREET ADDRESS	804 LAS CIMAS PARKWAY #200	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP			
TITLE	PCFO <input type="checkbox"/> Delete	TITLE	PCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVILES, MICHAEL	NAME	Petersen, Greg		
STREET ADDRESS	804 LAS CIMAS PARKWAY, #200	STREET ADDRESS	804 Las Cimas, Austin TX 78746		
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REW, RICHARD W II	NAME			
STREET ADDRESS	804 LAS CIMAS PKWY SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REW, RICHARD W II	NAME			
STREET ADDRESS	804 LAS CIMAS PARKWAY, #200	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPELTZ, CHRISTOPHER	NAME			
STREET ADDRESS	804 LAS CIMAS PARKWAY, #200	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP			
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: <u>Richard Rew</u>		Richard Rew/Secretary		1/7/05 512.278.5615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	