

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001603

FILED
Apr 22, 2008
Secretary of State

Entity Name: ACTIVANT WHOLESALE DISTRIBUTION SOLUTIONS INC.

Current Principal Place of Business:

7683 SOUTHFRONT ROAD
LIVERMORE, CA 94551 US

New Principal Place of Business:

Current Mailing Address:

7683 SOUTHFRONT ROAD
LIVERMORE, CA 94551 US

New Mailing Address:

FEI Number: 22-2048638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QURESHI, PERVEZ
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551 US

Title: VP () Delete
Name: AGLE, BRIAN E
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551 US

Title: T () Delete
Name: AGLE, BRIAN E
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551

Title: S () Delete
Name: TAICH, TIMOTHY F
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551

Title: D (X) Delete
Name: QURESHI, PERVEZ
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551

Title: D (X) Delete
Name: AGLE, BRIAN E
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: CRUSO, KATHLEEN
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551 US

Title: S (X) Change () Addition
Name: TAICH, TIMOTHY F
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551

Title: D (X) Change () Addition
Name: WILSON, BILL
Address: 7683 SOUTHFRONT ROAD
City-St-Zip: LIVERMORE, CA 94551

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY F. TAICH

Electronic Signature of Signing Officer or Director

S

04/22/2008

Date