

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:55

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **P13808** (1)
1. Corporation Name
TRIAD SYSTEMS CORPORATION

Principal Place of Business: **3055 TRIAD DR. LIVERMORE CA 94550**
Mailing Address: **3055 TRIAD DR. LIVERMORE CA 94550**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1987** 3a. Date of Last Report: **04/13/1994**
4. FFI Number: **94-2160013** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has authority for intangible tax under the Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt # etc: **22** State, Apt # etc: **27**
City & State: **23** City & State: **28**
County: **24** County: **29** County: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address - P.O. Box Number is Not Acceptable: _____
83. _____
84. City: _____ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of this position under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICE	P
NAME	PORTER, JAMES R.
STREET ADDRESS	3055 TRIAD DR LIVERMORE CA
CITY, ST, ZIP	
OFFICE	D
NAME	HARMON, GEORGE D
STREET ADDRESS	2923 SHADOW BROOK W VILLAGE CA
CITY, ST, ZIP	
OFFICE	D
NAME	STEVENS, WILLIAM W.
STREET ADDRESS	60 SELBY LANE. ATHERTON CA
CITY, ST, ZIP	
OFFICE	VS
NAME	CARLSON, JEROME W.
STREET ADDRESS	2045 TASSO PALO ALTO CA
CITY, ST, ZIP	
OFFICE	D
NAME	GAY, HENRY M.
STREET ADDRESS	440 WALSH RD. ATHERTON CA
CITY, ST, ZIP	
OFFICE	T
NAME	MARQUIS, STANLEY F.
STREET ADDRESS	36 SHERBURNE HILLS RD. DANVILLE CA
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IS:

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

**VP CFO
STANLEY F. MARQUIS
36 SHERBURNE HILLS RD
DANVILLE, CA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 619.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *SMarquis* **STANLEY F. MARQUIS** 9/6/95 (910) 449-2616