

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **03/27/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **94-2160013**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JAMES R.	1.2 NAME	
STREET ADDRESS	3055 TRIAD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERMORE CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, GEORGE D	2.2 NAME	
STREET ADDRESS	2923 SHADOW BROOK	2.3 STREET ADDRESS	
CITY-ST-ZIP	W VILLAGE CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, WILLIAM W.	3.2 NAME	
STREET ADDRESS	60 SELBY LANE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA	3.4 CITY-ST-ZIP	
TITLE	VPCF <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUIS, STANLEY F	4.2 NAME	
STREET ADDRESS	36 SHERBURNE HILLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVILLE CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, HENRY M.	5.2 NAME	
STREET ADDRESS	440 WALSH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUIS, STANLEY F.	6.2 NAME	
STREET ADDRESS	36 SHERBURNE HILLS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA	6.4 CITY-ST-ZIP	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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: *Stanley F. Marquis* **STANLEY F. MARQUIS** 4-1-96 (510)449-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)