

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 94550-9559
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/27/1987	3a. Date of Last Report 04/23/1996
21	26	4. FEI Number 94-2160013	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 reinstating) 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	DAVILLE CA	6.4 CITY - ST - ZIP	

14. I do 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 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* **REINSTATED MARQUIS** 4-7-97 (510) 449-0606
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)