

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	6207 BEE CAVE RD	03/27/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				94-2160013	
22. City & State		27. City & State		5. Certificate of Status Desired	
23		AUSTIN, TX		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	25. Country	28. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution	
94550		78746	TX	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (Signature, typed or printed name of registered agent and Title 4 applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT C.E.O.
NAME	PORTER, JAMES R.	1.2 NAME	GLENN E. STANIS
STREET ADDRESS	3055 TRIAD DR	1.3 STREET ADDRESS	2311 ISLAND WIND RD
CITY-ST-ZIP	LIVERMORE CA	1.4 CITY-ST-ZIP	AUSTIN, TX 78733
TITLE	D	2.1 TITLE	SECRETARY C.O.O.
NAME	HARMON, GEORGE D	2.2 NAME	PRESTON W. STANIS
STREET ADDRESS	2923 SHADOW BROOK	2.3 STREET ADDRESS	5203 GREEN FALLS CRT
CITY-ST-ZIP	W VILLAGE CA	2.4 CITY-ST-ZIP	AUSTIN, TX 78746
TITLE	D	3.1 TITLE	VP CFO
NAME	STEVENS, WILLIAM W.	3.2 NAME	MATTHEW MALE
STREET ADDRESS	80 SELBY LANE.	3.3 STREET ADDRESS	1111 QUAKER RIDGE DR.
CITY-ST-ZIP	ATHERTON CA	3.4 CITY-ST-ZIP	AUSTIN, TX 78746
TITLE	VPCF	4.1 TITLE	VP FINANCE
NAME	MARQUIS, STANLEY F	4.2 NAME	WILLIAM ALLEN
STREET ADDRESS	36 SHERBURNE HILLS RD	4.3 STREET ADDRESS	506 LEASHAVEN LANE
CITY-ST-ZIP	DAVILLE CA	4.4 CITY-ST-ZIP	WINDSOR, CA 95992
TITLE	D	5.1 TITLE	DIR GEN
NAME	GAY, HENRY M.	5.2 NAME	GLENN E. STANIS
STREET ADDRESS	440 WALSH RD.	5.3 STREET ADDRESS	same as above
CITY-ST-ZIP	ATHERTON CA	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	DIRECTOR
NAME	MARQUIS, STANLEY F.	6.2 NAME	PRESTON W. STANIS
STREET ADDRESS	36 SHERBURNE HILLS RD.	6.3 STREET ADDRESS	same as above
CITY-ST-ZIP	DANVILLE CA	6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **WILLIAM ALLEN 3/30/98**

CR2E034 (10/97)