

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 002 ***150.00

CR2E034 (1/98)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13808
 1. Corporation Name
COOPERATIVE COMPUTING, INC.

Principal Place of Business 1055 TRIAD DR. LIVERMORE CA 94550	Mailing Address 6207 BEE CAVE RD AUSTIN TX 98746-5146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6207 BEE CAVE RD Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	22	23 AUSTIN TX City & State	24 78746 Zip	25	27	28	29	30
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3. Date Incorporated or Qualified 03/27/1987	4. FEI Number 94-2160013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	STAATS, GLENN E	
STREET ADDRESS	2311 ISLAND WIND RD	
CITY-ST-ZIP	AUSTIN TX 78733	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	STAATS, PRESTON	
STREET ADDRESS	5200 GREEN FALLS CT	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	HALE, MATTHEW	
STREET ADDRESS	1111 QUAKER RIDGE DR	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM	
STREET ADDRESS	506 CEASHAVEN LN	
CITY-ST-ZIP	WINDSOR CA 95492	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAATS, GLENN E	
STREET ADDRESS	506 CEASHAVEN LN	
CITY-ST-ZIP	WINDSOR CA 95492	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAATS, PRESTON W	
STREET ADDRESS	506 CEASHAVEN LN	
CITY-ST-ZIP	WINDSOR CA 95492	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: STANLEY HARRIS 1/12/99 (512) 278-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #