
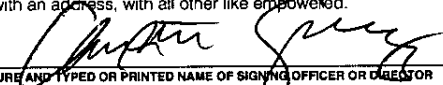


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 033 \*\*\*150.00

<b>DOCUMENT # P13808</b>			
1. Entity Name <b>ACTIVANT SOLUTIONS INC.</b>			
Principal Place of Business <b>804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746</b>		Mailing Address <b>804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01292004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>94-2160013</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	VP Automotive <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REW, RICHARD W 11	NAME	Chung, Hoon
STREET ADDRESS	804 LAS CIMAS PARKWAY # 200	STREET ADDRESS	804 Las Cimas #200
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	Austin TX 78746
TITLE	SRVP <input type="checkbox"/> Delete	TITLE	VP - IS Group <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, GREG	NAME	Qureshi, Pervez
STREET ADDRESS	804 LAS CIMAS PKWY STE 200	STREET ADDRESS	804 Las Cimas #200
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	Austin TX 78746
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELTZ, CHRISTOPHER	NAME	
STREET ADDRESS	804 LAS CIMAS PKWY STE 200	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	
TITLE	DCOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES, MICHAEL	NAME	
STREET ADDRESS	804 LAS CIMAS PARKWAY # 200	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JAMES R	NAME	
STREET ADDRESS	804 LAS CIMAS PARKWAY # 200	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONNETTA, JOSEPH	NAME	
STREET ADDRESS	804 LAS CIMAS PKWY STE 200	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Chris Speltz/VP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		1/29/04	
		Daytime Phone #	

49016100



*Attachment* 241012100



## Division of Corporations

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