
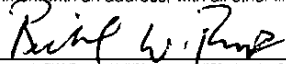


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90084 013 \*\*\*150.00

<b>DOCUMENT # P13808</b>					
1. Entity Name ACTIVANT SOLUTIONS INC.					
Principal Place of Business 804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746			Mailing Address 804 LAS CIMAS PKWY SUITE 200 AUSTIN, TX 78746 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	Delete <input type="checkbox"/>		TITLE	VP/Gen Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REW, RICHARD W 11			NAME	Rew II, Richard W.
STREET ADDRESS	804 LAS CIMAS PARKWAY # 200			STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	
TITLE	SRVP	Delete <input type="checkbox"/>		TITLE	Exec VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, GREG			NAME	Petersen, Greg
STREET ADDRESS	804 LAS CIMAS PKWY STE 200			STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	
TITLE	VPAS	Delete <input type="checkbox"/>		TITLE	Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELTZ, CHRISTOPHER			NAME	Speltz, Christopher
STREET ADDRESS	804 LAS CIMAS PKWY STE 200			STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	
TITLE	DCOB	Delete <input checked="" type="checkbox"/>		TITLE	Pres/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES, MICHAEL			NAME	Jones, Larry
STREET ADDRESS	804 LAS CIMAS PARKWAY # 200			STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JAMES R			NAME	Shaw, Robert
STREET ADDRESS	804 LAS CIMAS PARKWAY # 200			STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONNETTA, JOSEPH			NAME	Brodsky, Peter
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 exemptions contained in Chapter 119, 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: 			Richard W Rew II/VP - Gen Counsel		1/9/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40003600



01092006 Chg-P CR2E034 (11/05)

4. FEI Number **94-2160013** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL

Zip Code