


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002929
 1. Entity Name
INTERGRAPH SERVICES COMPANY



Principal Place of Business Mailing Address
ALABAMA **PO BOX 6724**
HUNTSVILLE, AL 35824 US **HUNTSVILLE, AL 35824**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
62-1478078 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of certifying 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000533460
 05/06/06-80125-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFREYS, DANNY C 170 GRAPHIC DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FROST, KEITH 170 GRAPHICS DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SALTER, WILLIAM E 170 GRAPHIC DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTER, LARRY 170 GRAPHICS DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: **4/11/06** (256) Daytime Phone #: **730-1781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR