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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 13, 2003 8:00 am Secretary of State F02000003398 DOCUMENT # 1. Entity Name 01-13-2003 90465 013 ***150.00 INTERGRAPH CONSULTING, INC. Principal Place of Business Mailing Address 170 GRAPHICS DR. 170 GRAPHICS DR. MAILSTOP: IW17B2 MAILSTOP: IW17B2 MADISON AL 35758 MADISON AL 35758 2. Principal Place of Business 3. Mailing Address PO Box 1823 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 63-1271363 MOSICA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CHOUDHURY, SURAJIT D NAME NAME STREET ADDRESS 1-8-446 & 447, SP ROAD BEGUMPET STREET ADDRESS CITY-ST-ZIP HYDERABAD-500 003 ANDHRA IND CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Addition NAME NOLEN. SUSAN L NAME STREET ADDRESS ONE MADISON INDUSTRIAL PARK STREET ADDRESS CITY-ST-ZIP **HUNTSVILLE AL 35894** CITY-ST-ZIP

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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