

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000720 (1)

1. Corporation Name

INTELLIGRAPHICS, INC.



Principal Place of Business

6123 BLACKBERRY LANE  
DALLAS TX 75248

Mailing Address

6123 BLACKBERRY LANE  
DALLAS TX 75248

2. Principal Place of Business

21 1221 W Campbell Rd

Suite, Apt. #, etc.

22 181

City & State

23 Richardson TX

Zip

24 75080

Country

25 USA

2a. Mailing Address

26 1221 W Campbell Rd

Suite, Apt. #, etc.

27 181

City & State

28 Richardson TX

Zip

29 75080

Country

30 USA

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

2/13/95

4. FEI Number

75-2488798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

WALKOW, JAMES  
5157 DEERNURST  
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent

81 Name: David Schotten

82 Street Address (P.O. Box Number is Not Acceptable)

~~2801 NW 39th Ct~~  
4973 NW 85th Rd

83 City

Coral Springs

FL

85 Zip Code

33068

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

*David Schotten*

David Schotten, Senior Software Developer

3/196

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LAWSON, SCOTT E	
STREET ADDRESS	6123 BLACKBERRY LANE	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAWSON, GWYN P	
STREET ADDRESS	6123 BLACKBERRY LANE	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Blocks 13 if changed, or on an attachment with an address.

SIGNATURE:

*Scott E. Lawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

2144791770 <sup>ect-101</sup>

Date of Filing

CR2E034 (12/95)