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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000000720 (1)

1. Corporation Name:  
INTELLIGRAPHICS, INC.



Principal Place of Business

1221 W. CAMPBELL RD.  
181  
RICHARDSON TX 75080  
US

Mailing Address

1221 W. CAMPBELL RD  
181  
RICHARDSON TX 75080-2600  
US

3. Date Incorporated or Qualified  
02/13/1995

3a. Date of Last Report  
08/09/1996

2. Principal Place of Business

2a. Mailing Address

26 1401 N. Central

4. FEI Number

75-2488798

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Expressway, Ste 320

27 Expressway, Ste 320

City & State

City & State

23 Richardson, Texas

28 Richardson, Tx

Zip

Country

Zip

Country

24 75080

25 USA

29 75080

30 USA

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

SCHOTTEN, DAVID  
4973 N.W. 85TH RD.  
CORAL SPRINGS FL 33567

10. Name and Address of New Registered Agent

81 Name

Scholten, David

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

4973 N.W. 85th Rd.

83

84 City

Coral Springs

FL

85 Zip Code

33067

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 Scholten Senior Software Developer 4/22/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC  
NAME LAWSON, SCOTT E  
STREET ADDRESS 6123 BLACKBERRY LANE  
CITY-ST-ZIP DALLAS TX 75248

TITLE S  
NAME LAWSON, GWYN P  
STREET ADDRESS 6123 BLACKBERRY LANE  
CITY-ST-ZIP DALLAS TX 75248

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President  
1.2 NAME Michael Browne  
1.3 STREET ADDRESS 1401 Central Expressway Ste 320  
1.4 CITY-ST-ZIP Richardson TX 75080

2.1 TITLE Director of Marketing  
2.2 NAME Stuart Sikes  
2.3 STREET ADDRESS 1401 Central Expressway Ste 320  
2.4 CITY-ST-ZIP Richardson TX 75080

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 included 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 (972) 479-1770

Date Daytime Phone #

CR2E004 (9/96)