FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000003199 (5)**

1. Corporation Name
ANALYTICAL SURVEYS, INC.

Principal Place of Business
1935 JAMBOREE DR.
STE. 100
COLORADO SPRINGS CO 80920

Mailing Address
1935 JAMBOREE DR.
STE. 100
COLORADO SPRINGS CO 80920

3. Date Incorporated or Qualified: 07/03/1995
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 84-0846389 — 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HUDSON, WILLIAM H		1.2 NAME	ANDERSEN, WILLEM	
STREET ADDRESS	1935 JAMBOREE DR., SUITE 100		1.3 STREET ADDRESS	1935 JAMBOREE DRIVE, SUITE 100	
CITY-ST-ZIP	COLORADO SPRINGS CO 80920		1.4 CITY-ST-ZIP	COLORADO SPRINGS, CO 80920	
TITLE	D	☐ DELETE	2.1 TITLE	T/S	☐ Change ☒ Addition
NAME	MACLEOD, RICHARD P		2.2 NAME	SCOTT C. BENGER	
STREET ADDRESS	1935 JAMBOREE DR., SUITE 100		2.3 STREET ADDRESS	1935 JAMBOREE DRIVE, SUITE 100	
CITY-ST-ZIP	COLORADO SPRINGS CO 80920		2.4 CITY-ST-ZIP	COLORADO SRPINGS, CO 80920	
TITLE	D	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	ROTH, JAMES DR		3.2 NAME	RAYMOND R. MANN	
STREET ADDRESS	1935 JAMBOREE DR., SUITE 100		3.3 STREET ADDRESS	1935 JAMBOREE DRIVE, SUITE 100	
CITY-ST-ZIP	COLORADO SPRINGS CO 80920		3.4 CITY-ST-ZIP	COLORADO SRPINGS, CO 80920	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KEELEY, ROBERT DR		4.2 NAME		
STREET ADDRESS	1935 JAMBOREE DR., SUITE 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS CO 80920		4.4 CITY-ST-ZIP		
TITLE	CTOC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THORPE, JOHN A		5.2 NAME		
STREET ADDRESS	1935 JAMBOREE DR., SUITE 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS CO 80920		5.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CORDER, SIDNEY V		6.2 NAME		
STREET ADDRESS	1935 JAMBOREE DR., SUITE 100		6.3 STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS CO 80920		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Benger — 3/6/96 — 719 593 0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #