CR2E034 (11/98)

May 10, 1999 8:00 am Secretary of State

05-10-1999 90243 033 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003199

1. Corporation Name

ANALYTICAL SURVEYS, INC.

Principal Place	e of Business	Mailing Address					
1935 JAMBOREE DR. 1935 JAMBOREE DR.							
STE. 100 STE. 100 COLORADO SPRINGS CO 80920 COLORADO SPRINGS CO 809			vo20		DO NOT WRITE IN THIS SPACE		
COLORADO SPRINGS CO 80920 COLORADO SPRINGS CO 80			1920		3. Date Incorporated or Qualifed		
					07/03/1995		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- A	pplied For
21	1000 OF BUSINOSS	26			84-0846389	h	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		V	\$8.75	Additional	
22		27		5. Certifcate of Status Desired	Fee R	Required	
City & Stat	e	City & State		_	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year		_
24	25		30		Personal Property Tax.	☐ Yes	No
	Name and Address of Curren	t Registered Agent		т	10. Name and Address of New Register	ed Agent	
	CODOCATION OVETEN		81	Name			
C T CORPORATION SYSTEM			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
PUA	VIATION FL 33324		83)			
			84	City		- 85 Zip	Code
	<u> </u>			<u> </u>	F		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was au	thorized by	the corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as r	egistered
SIGNATURE		nort I			quired when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	TS	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	
NAME	BENGER, SCOTT C	<u></u>	1.2 NAME	j			
	1935 JAMBOREE DR SUITE 10	n		TADORESS	941 N. Meridian Street		
STREET ADDRESS	COLORADO SPRINGS CO		1.3 STREET ADDRESS		Indianapolis, IN 46204		
CITY-ST-ZIP	COO DELETE		2.1 TITLE	4- Tit.		☐ Change	Addition
	SAGE, RANDAL J		1		941 N. Meridian Street	7 1	_
NAME STREET ADDRESS	A 4 4 4 4 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5			T ADDRESS	Indianapolis, IN 46204		
	INDIANAPOLIS IN 46204		2.4 CITY-5		Indianapolis, in 40204		
CITY-ST-ZIP	CAO DELETE		3.1 TITLE	SI-ZIF		Change	Addition
	DILLON, JOHN		32 NAME			_ •	_
NAME	AND ALASEDIDISAL AUCKLIE			TADDRESS	941 N. Meridian Street		
STREET ADDRESS	INDIANAPOLIS IN 46204		3.4 CITY-5		Indianapolis, IN 46204		
CITY-ST-ZIP TITLE	D	□ DELETE	4.1 TITLE	51-Zir		(X) Change	Addition
NAME	THORPE, JOHN A		4. 2 NAME	j			_
STREET ADDRESS	1935 JAMBOREE DR SUITE 10	ń	1	TADDRESS	941 N. Meridian Street		
	COLORADO SPRINGS FL	•	4.4 CITY-S	- 1	Indianapolis, IN 46204		
CITY-ST-ZIP TITLE	PC			11-21	1/10/10/10/01/13 11/ 4020 T	Change	Addition
NAME	CORDER, SIDNEY V		5.1 TITLE 5.2 NAME		941 N. Meridian Street		
STREET ADDRESS	1935 JAMBOREE DR SUITE 10	ń		TADDRESS			
	COLORADO SPRINGS CO	U	5.4 CITY-S		Indianapolis, IN 46204		
CITY-ST-ZIP TITLE	PCEO	☐ DELETE	6.1 TITLE			Change	Addition
	CORDER, SIDNEY V		6.2 NAME		OAT N. Marrielle Charles		
NAME .	ACCE MADORE DR. CHITE A	••	e a extrem	T 4 DODDE CC	941 N. Meridian Street		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1935 JAMBOREE DR., SUITE 100

COLORADO SPRINGS CO 80920

Indianapolis, IN 46204

317-634-1000 Daytime Phone #

53 74105 - 90243 - 33 Doc # F95000003199

Analytical Surveys, Inc. Officers & Directors (Continued)

D Mr. Willem Andersen 941 N. Meridian Street Indianapolis, IN 46204

Addition

Addition

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D Dr. Robert Keeley 941 N. Meridian Street Indianapolis, IN 46204

D Mr. Richard MacLeod 941 N. Meridian Street Indianapolis, IN 46204

D Mr. Sol Miller 941 N. Meridian Street Indianapolis, IN 46204

D Dr. James Rothe 941 N. Meridian Street Indianapolis, IN 46204 AS Brian J. Yates 941 N. Meridian Street Indianapolis, IN 46204