


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90243 033 ***158.75

0552521

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003199 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS 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 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	

SIGNATURE:

Brian J. Yates **Brian J. Yates**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

317-634-1000
Daytime Phone #

CR2E034 (11/98)

53-7905-90243-33
Doc # F45000003199

Analytical Surveys, Inc.
Officers & Directors (Continued)

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

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

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

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

D ☒ Addition
Dr. James Rothe
941 N. Meridian Street
Indianapolis, IN 46204

AS ☒ Addition
Brian J. Yates
941 N. Meridian Street
Indianapolis, IN 46204