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FILED

May 13 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 # F96000002929 (5)

1. Corporation Name

INTERGRAPH SERVICES COMPANY

Principal Place of Business

PO BOX 6724  
HUNTSVILLE AL 35824

Mailing Address

PO BOX 6724  
HUNTSVILLE AL 35824-0724



2. Principal Place of Business

21 Alabama

Suite, Apt. #, etc.

22

City & State

23 Huntsville, AL

Zip

24 35824

Country

25 US

2a. Mailing Address

26 PO Box 6724

Suite, Apt. #, etc.

27

City & State

28 Huntsville, AL

Zip

29 35824

Country

30 US

3. Date Incorporated or Qualified

06/12/1996

3a. Date of Last Report

4. FEI Number

62-1478078

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 P ☐ DELETE

NAME JEFFREYS, DANNY C  
STREET ADDRESS ONE MADISON INDUSTRIAL PARK  
CITY-ST-ZIP HUNTSVILLE AL 35894

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME FROST, KEITH  
STREET ADDRESS ONE MADISON INDUSTRIAL PARK  
CITY-ST-ZIP HUNTSVILLE AL 35894

2.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME SALTER, WILLIAM E  
STREET ADDRESS ONE MADISON INDUSTRIAL PARK  
CITY-ST-ZIP HUNTSVILLE AL 35894

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LASTER, LARRY  
STREET ADDRESS ONE MADISON INDUSTRIAL PARK  
CITY-ST-ZIP HUNTSVILLE AL 35894

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GILLIAM, PENMAN  
STREET ADDRESS ONE MADISON INDUSTRIAL PARK  
CITY-ST-ZIP HUNTSVILLE AL 35894

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

000002189410  
-05/23/97--01015--050  
\*\*\*165.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/97 (205) 730-1624

CR2E034 (9/96)