2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
05-04-2004 90170 045 ***150.00

DOCUMENT # F96000002929

1. Entity Name
INTERGRAPH SERVICES COMPANY

Principal Place of Business	Mailing Address
ALABAMA HUNTSVILLE, AL 35824 US	PO BOX 6724 HUNTSVILLE, AL 35824

01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1478078
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] KEITH FROST 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JEFFREYS, DANNY C
STREET ADDRESS	170 GRAPHIC DRIVE MAILSTOP IW1503
CITY-ST-ZIP	MADISON, AL 35758
TITLE	ST
NAME	FROST, KEITH
STREET ADDRESS	170 GRAPHICS DRIVE MAILSTOP IW1503
CITY-ST-ZIP	MADISON, AL 35758
TITLE	C
NAME	SALTER, WILLIAM E
STREET ADDRESS	170 GRAPHIC DRIVE MAILSTOP IW1503
CITY-ST-ZIP	MADISON, AL 35758
TITLE	D
NAME	LASTER, LARRY
STREET ADDRESS	170 GRAPHICS DRIVE MAILSTOP IW1503
CITY-ST-ZIP	MADISON, AL 35758
TITLE	D
NAME	GILLIAM, PENMAN
STREET ADDRESS	170 GRAPHICS DRIVE MAILSTOP IW1503
CITY-ST-ZIP	MADISON, AL 35758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: See box 8 [signature] (256) 730178[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/25/04 Daytime Phone #

Attachment

Attachment
5/4/2004-90170-045-$150.00-$150.00

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