


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002929	
1. Entity Name INTERGRAPH SERVICES COMPANY	

Principal Place of Business ALABAMA HUNTSVILLE, AL 35824 US	Mailing Address PO BOX 6724 HUNTSVILLE, AL 35824
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1478078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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8. The above named entity submits this statement for the purpose of certifying 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 _____ (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000533460 05/06/06-80125-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFREYS, DANNY C 170 GRAPHIC DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FROST, KEITH 170 GRAPHICS DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SALTER, WILLIAM E 170 GRAPHIC DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTER, LARRY 170 GRAPHICS DRIVE MAILSTOP IW1503 MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/11/06 (256) 730-1781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #