

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005597 (7)

1. Corporation Name
ENGINEERING ANIMATION, INC.



Principal Place of Business 2321 NORTH LOOP DRIVE AMES IA 50010 US	Mailing Address 2321 NORTH LOOP DRIVE AMES IA 50010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1996	
21	22	26	27	4. FEI Number 42-1323712	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZAJ, MATTHEW M	1.2 NAME	
STREET ADDRESS	2321 NORTH LOOP DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMES IA 50010	1.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERPLOEG, MARTIN J	2.2 NAME	
STREET ADDRESS	2321 NORTH LOOP DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMES IA 50010	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, JAMIE A	3.2 NAME	
STREET ADDRESS	2321 NORTH LOOP DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMES IA 50010	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSHBAUM, LAURENCE J	4.2 NAME	
STREET ADDRESS	2321 NORTH LOOP DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMES IA 50010	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, MICHAEL	5.2 NAME	
STREET ADDRESS	2321 NORTH LOOP DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AMES IA 50010	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP of Finance + CFO
STREET ADDRESS		6.3 STREET ADDRESS	Jerome M. Behar
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2321 N. LOOP Drive
			AMES, IA 50010

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.

SIGNATURE: Jamie A. Wade **Jamie A. Wade** 4/28/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0531225

CR2E034 (10/97)