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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005597

ENGINEERING ANIMATION, INC.

Principal Place of Business Mailing Address									
2321 NORTH L		2321 NORTH LOOP DRIVE							
AMES IA 50010		AMES IA 50010 US			DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualifed 10/29/1996				
• Di-iII-	Hann of Duninger	2a, Mailing Address			4. FEI Number	\neg	Applied I	For	
2. Principai₽ □	lace of Business	26			42-1323712		Not Appl	icable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.7	5 Additio	nal	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee	Required	i	
City & Stat	<u> </u>	City & State			6. Election Campaign Financing	\$5.	00 May 6	 Зе	
3	.•	28			Trust Fund Contribution	Add	ed to Fee	s	
Zip	Country		Country		8. This corporation owes the current year Ir	ıtangible			
4	25	29 30			Personal Property Tax.	☐ Yes)	
7	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	i Agent _			
			81	Name					
	CORPORATION SYSTEM		82	Street Add	ress (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Olicerrida	and agreed to the company of the contribute to the second the second to	1 27:2 3427,	Bereite effike 47	r. 1821	
Pla	NTATION FL 33324		83			1	6	1	
			0.4	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85	Zip Code	141 1521	
			84	City	FI	∟ % .	Lip Ocao	•	
SIGNATURE	Signature, typed or printed name of registered ager		<u>-</u>	nt signature require	ed when reinstating) // All / DATE	NO DIDE	CTODE II	142	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Chai		Addition	
TITLE	PTD	_	1.1 TITLE		松 1737 程	CJOHA	iige 🗀	7100100	
NAME	RIZAI, MATTHEW M		1.2 NAME				•		
STREET ADDRESS				TADDRESS			14		
CITY-ST-ZIP	AMES IA 50010		1.4 CITY-S	ST-ZIP	·	∩ Chai	nge 🗆	Additio	
TITLE	VPD	_	2.1 TITLE		•	<u>(_</u>	95 🗀		
NAME	TATION COLO, INVITATION		2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS									
CITY-ST-ZIP	AMES IA 50010	. □ DELETE	2. 4 CITY-	ST-ZIP		Cha	nge [Additio	
TITLE	SD.	_	3.1 TITLE						
NAME (1)	WADE, JAMIE A	1	3.2 NAME	T 4 DDCC00				**	
STREET ADDRESS	· 14.5 . 5			T ADDRESS					
CITY-ST-ZIP	AMES IA 50010	□ DELETE	3.4. CITY-1	51-ZIP	(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
TITLE	D NIDOLIDAHIM LALIDENICE I		4.1 IIILE			-	• • •		
NAME	KIRSHBAUM, LAURENCE J			ET ADDRESS					
STREET ADDRESS	1		4.4 CITY-5	1	·				
CITY-ST-ZIP	AMES 1A 50010	☐ DELETE	5.1 TITLE	21-ZIF		☐ Cha	nge [] Additio	
TITLE	CDOM MICHAEI	_ 0	5.2 NAME		100			•	
NAME	CROW, MICHAEL S 2321 NORTH LOOP DRIVE			T ADDRESS	·				
STREET ADDRESS	AMES IA 50010		5.4 CITY-5		11 (F1 C1Z	•			
CITY-ST-ZIP	VP	☐ DELETE	6.1 TITLE			☐ Cha	inge [Additio	
TITLE	1 AAA 4 CEMA		6.2 NAME						
NAME	BEHAR, JEROME M			T ADDRESS		f.			
OTDECT ADDRESS	CL 2321 NELCHIP DRIVE								

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

AMES IA 50010

FILED

Feb 11, 1999 8:00am

Secretary of State 02-11-1999 90010 045 ***150.00