

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90108 043 \*\*\*550.00

**DOCUMENT # F96000005597**

1. Entity Name  
**ENGINEERING ANIMATION, INC.**

Principal Place of Business 2321 NORTH LOOP DRIVE AMES IA 50010 US	Mailing Address 2321 NORTH LOOP DRIVE AMES IA 50010-8281 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **42-1323712** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>RIZAI, MATTHEW M</b> <b>2321 NORTH LOOP DRIVE</b> <b>AMES IA 50010</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert M. Nierman</b> <b>2321 North Loop Drive</b> <b>Ames, IA 50010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VANDERPLOEG, MARTIN J</b> <b>2321 NORTH LOOP DRIVE</b> <b>AMES IA 50010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, Director &amp; Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Matthew M. Rizai</b> <b>2321 North Loop Drive</b> <b>Ames, IA 50010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WADE, JAMIE A</b> <b>2321 NORTH LOOP DRIVE</b> <b>AMES IA 50010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP of Finance, CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael K. O'Gara</b> <b>2321 North Loop Drive</b> <b>Ames, IA 50010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIRSHBAUM, LAURENCE J</b> <b>2321 NORTH LOOP DRIVE</b> <b>AMES IA 50010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Worldwide Sales &amp; Mktg.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert L. Cyr</b> <b>2321 North Loop Drive,</b> <b>Ames, IA 50010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROW, MICHAEL</b> <b>2321 NORTH LOOP DRIVE</b> <b>AMES IA 50010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; Chief Technology Officer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jeff D. Trom</b> <b>2321 North Loop Drive</b> <b>Ames, IA 50010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BEHAR, JEROME M</b> <b>2321 N LOOP DRIVE</b> <b>AMES IA 50010</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jamie A. Wade Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-2E034 (9/99)