

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90149 032 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |
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| <b>DOCUMENT # F96000006315</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |
| <b>1. Entity Name</b><br>INTERGRAPH PUBLIC SAFETY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |
| <b>Principal Place of Business</b><br>241 BUSINESS PARK BLVD.<br>MADISON, AL 35758 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                           | <b>Mailing Address</b><br>TAX DEPT IW2005<br>HUNTSVILLE, AL 35897-0001 US                                                                                               |                                                                                                                                                            |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | <b>3. Mailing Address</b> |                                                                                                                                                                         |                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | Suite, Apt. #, etc.       |                                                                                                                                                                         |                                                                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              | City & State              |                                                                                                                                                                         | <b>4. FEI Number</b><br>63-1181246                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | Country                   |                                                                                                                                                                         | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                          |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                                                                                                            |  |
| <b>8.</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                       |                                                                                                                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VTSD<br>LASTER, LARRY <input type="checkbox"/> Delete<br>241 DISK DR<br>MADISON, AL 35758    |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>241 Business Park Blvd.                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CPD<br>COUPLAND, ROGER O <input type="checkbox"/> Delete<br>241 DISK DR<br>MADISON, AL 35758 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>D<br>241 Business Park Blvd.                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>CLARK, JAMES M <input type="checkbox"/> Delete<br>241 DISK DR<br>MADISON, AL 35758      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>241 Business Park Blvd.                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>HELMS, LARRY J <input type="checkbox"/> Delete<br>241 DISK DR<br>MADISON, AL 35758      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>241 Business Park Blvd.                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                              |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>CPD<br>Benedict A. Eazzetta<br>241 Business Park Blvd.<br>Madison AL 35758 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                              |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| <b>12.</b> 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. |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |
| <b>SIGNATURE:</b> <u>Larry Laster</u> <span style="float: right;">4/25/05</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                           |                                                                                                                                                                         |                                                                                                                                                            |  |