2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05699

1. Entity Name

INTERGRAPH CORPORATION-CAD SYSTEMS



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

288 DUNLOP BLVD HUNTSVILLE, AL 35824 Mailing Address

TAX DEPT IW2005

HUNTSVILLE, AL 35894-0001 US



04242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-0573222

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and time if applicable.

(NOTE. Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

After M	ay 1, 2000 Fee will be \$550.00	
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWOOD, LAWRENCE 3027 HAMPTON COVE WAY OWENS CROSS ROADS, AL 35763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, LARRY T 108 APPLECROSS LANE MADISON, AL 35758	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, THOMAS J 230 WALDEN LANE NEW MARKET, AL 35761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LINDA 1527 LOCUST CIR HUNTSVILLE, AL 35801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISE, R. HALSEY 288 DUNLOP BLVD. HUNTSVILLE, AL 35824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LASTER, LARRY J 211 CHESWICK DR MADISON, AL 35758	

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 if changed, or on an attachment with appears, with all other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larvy Miles VP

4/25/06

Daytime Phone #