

FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001100 (3)
 1. Corporation Name
SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.



Principal Place of Business INSTITUTE FOR SIMULATION AND TRAINING U OF CNTRL. FL. 3260 PROGRESS DRIVE ORLANDO FL 32826	Mailing Address P.O. BOX 781236 ORLANDO FL 32878-1236
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3. Date Incorporated or Qualified 02/26/1997	
4. FEI Number 59-3429074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
BOUWENS, CHRISTINA
103 BUTLER CREEK CT.
OMEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BRADY, ED	
STREET ADDRESS 7704 LAKE LOFT COURT	
CITY-ST-ZIP FAIRFAX STATION VA 22039	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KRAMER, JACK	
STREET ADDRESS POST OFFICE BOX 529 N/A	
CITY-ST-ZIP CHESTER SPRING PA 19425	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WILLIAMS, JIMMY	
STREET ADDRESS 3280 PROGRESS DRIVE	
CITY-ST-ZIP ORLANDO FL 32826	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME KATE, WARREN	
1.3 STREET ADDRESS 185 ALEWIFE BROOK PARKWAY	
1.4 CITY-ST-ZIP CAMBRIDGE MA 02138	
2.1 TITLE C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MILLER, DUNCAN	
2.3 STREET ADDRESS 244 WOOD STREET	
2.4 CITY-ST-ZIP LEXINGTON MA 02173	
3.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BOUWENS, CHRISTINA	
3.3 STREET ADDRESS 103 BUTLER CREEK CT.	
3.4 CITY-ST-ZIP OMIEDO FL 32765	
4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME KNIGHT, SAMUEL	
4.3 STREET ADDRESS 12351 RESEARCH PKWY	
4.4 CITY-ST-ZIP ORLANDO FL 32826	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME HARTMAN, FRED	
5.3 STREET ADDRESS 1620 FOXHALL ROAD, NW	
5.4 CITY-ST-ZIP WASHINGTON DC 20007	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel Knight* *Samuel Knight* *4/27/98* *407-287-2581*

CFR2E037 (10/97)