

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90011 040 ****61.25

DOCUMENT # N97000001100

1. Entity Name
SIMULATION INTEROPERABILITY STANDARDS ORGANIZATI

Principal Place of Business Mailing Address
INSTITUTE FOR SIMULATION AND TRAINING P.O. BOX 781238
U OF CNTRL. FL. 3290 PROGRESS DRIVE ORLANDO FL 32878-1238
ORLANDO FL 32826

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3429074** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, WARREN 185 ALEWIFE BROOK PKWY CAMBRIDGE MA 02138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL SCHIIVONE 3440 DECOY SARE COURT BENNERCREEK, OH 45431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, DUNCAN 244 WOOD STREET LEXINGTON MA 02173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID McKEEY 7406 BEN DRIVE OXEN HILL, MD 20745 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, WILLIAM 10111 BRANDYWINE DR SE HUNTSVILLE AL 35803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARY McLIGHTNER 866 SPRING ISLAND WAY ORLANDO, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, SAMUEL 12351 RESEARCH PKWY ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMUEL KNIGHT 12351 RESEARCH PARKWAY ORLANDO, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, FRED 1620 FOXHALL ROAD, N W WASHINGTON DC 20007 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, 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.

SIGNATURE: *Samuel Knight* **SIGNATURE REQUIRED** *SAMUEL KNIGHT* *4/25/00* *407-382-2586*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)