

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90003 042 ****61.25

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DOCUMENT # N97000001100

1. Entity Name

SIMULATION INTEROPERABILITY STANDARDS ORGANIZATI



Principal Place of Business INSTITUTE FOR SIMULATION AND TRAINING U OF CNTRL. FL. 3280 PROGRESS DRIVE ORLANDO FL 32826	Mailing Address P.O. BOX 781238 ORLANDO FL 32878-1238
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C0075531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3429074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME SD SCHINVONE, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS 3440 DECOY COURT	
CITY-ST-ZIP DAYTON OH, 45431	
TITLE NAME CD MILLER, DUNCAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 244 WOOD STREET	
CITY-ST-ZIP LEXINGTON MA 02173	
TITLE NAME VD MCKEEBY, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 7406 BENDRIVE	
CITY-ST-ZIP OXON HILL MD 20745	
TITLE NAME PD KNIGHT, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS 12351 RESEARCH PKWY	
CITY-ST-ZIP ORLANDO FL 32826	
TITLE NAME TD LIGHTNER, GARY M	<input type="checkbox"/> Delete
STREET ADDRESS 866 SPRING ISLAND WAY	
CITY-ST-ZIP ORLANDO FL 32828	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Michelle Beyan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1901 N. Beauregard Street, Suite 400	
CITY-ST-ZIP Alexandria, Va 22311-1705	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **REQUIRED** *20 Aug 01 (407) 380-5001*

CFR2E037 (5/01)