

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90048 048 ****61.25

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DOCUMENT # N97000001100

1. Entity Name

SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**INSTITUTE FOR SIMULATION AND TRAINING
 U OF CNTRL FL 3280 PROGRESS DRIVE
 ORLANDO FL 32826**

**P.O. BOX 781238
 ORLANDO FL 32878-1238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3429074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUWEN, CHRISTINA
 103 BUTLER CREEK CT.
 OVIEDO FL 32765**

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

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 **SD** Delete
 NAME **SCHINVONE, DANIEL**
 STREET ADDRESS **3440 DECOY COURT**
 CITY-ST-ZIP **DAYTON OH 45431**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MCKEEBY, DAVID**
 STREET ADDRESS **7406 BENDRIVE**
 CITY-ST-ZIP **OXON HILL MD 20745**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **KNIGHT, SAMUEL**
 STREET ADDRESS **12351 RESEARCH PKWY**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LIGHTNER, GARY M**
 STREET ADDRESS **866 SPRING ISLAND WAY**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BEYAN, MICHELLE**
 STREET ADDRESS **1901 N BEAUREGARD STREET STE 400**
 CITY-ST-ZIP **ALEXANDRIA VA 22311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Bouwen **REQUIRED** / *Muoa*

Date

Daytime Phone #

(407) 380-5001

CR2E037 (9/01)