

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2004
Secretary of State**

DOCUMENT# N97000001100

Entity Name: SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781238
ORLANDO, FL 328781238

New Mailing Address:

FEI Number: 59-3429074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUWENS, CHRISTINA
103 BUTLER CREEK CT.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

GRIFFIN, ELIZABETH A
4298 CROOKED MILE ROAD
MERRITT ISLAND, FL 32952 US

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: ELIZABETH A GRIFFIN 01/22/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCKEEBY, DAVID
Address: 7406 BENDRIVE
City-St-Zip: OXON HILL, MD 20745

Title: C () Delete
Name: KNIGHT, SAMUEL
Address: 12351 RESEARCH PKWY
City-St-Zip: ORLANDO, FL 32826

Title: P () Delete
Name: LIGHTNER, GARY M
Address: 866 SPRING ISLAND WAY
City-St-Zip: ORLANDO, FL 32828

Title: V () Delete
Name: BEYAN, MICHELLE
Address: 1901 N BEAUREGARD STREET STE 400
City-St-Zip: ALEXANDRIA, VA 22311

Title: T () Delete
Name: GRIFFIN, ALLISON
Address: 4298 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KNIGHT, SAMUEL
Address: 12351 RESEARCH PKWY
City-St-Zip: ORLANDO, FL 32826

Title: VP (X) Change () Addition
Name: LIGHTNER, GARY M
Address: 866 SPRING ISLAND WAY
City-St-Zip: ORLANDO, FL 32828

Title: C (X) Change () Addition
Name: BEYAN, MICHELLE
Address: 1901 N BEAUREGARD STREET STE 400
City-St-Zip: ALEXANDRIA, VA 22311

Title: T (X) Change () Addition
Name: GRIFFIN, ELIZABETH A
Address: 4298 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A GRIFFIN T 01/22/2004
Electronic Signature of Signing Officer or Director Date