

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2005  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: MCKEEBY, DAVID  
Address: 7406 BENDRIVE  
City-St-Zip: OXON HILL, MD 20745

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

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

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

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

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

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date