

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

FILED
May 05, 2006
Secretary of State

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

Title: VP () 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: OCONNOR, MICHAEL
Address: 6767 OLD MADISON PIKE, SUITE 160
City-St-Zip: HUNTSVILLE, AL 35806

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

Title: S (X) Change () Addition
Name: SWAN, PETE
Address: 185 ALEWIFE BROOK PARKWAY
City-St-Zip: CAMBRIDGE, MA 02138

Title: VP (X) Change () Addition
Name: KATZ, WARREN
Address: 185 ALEWIFE BOOK PARKWAY
City-St-Zip: CAMBRIDGE, MA 02138

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 Chapter 119, 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

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05/05/2006

Electronic Signature of Signing Officer or Director

_____ Date