2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

FILED Apr 09, 2007 Secretary of State

Entity Name: SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business: INSTITUTE FOR SIMULATION AND TRAINING U OF CNTRL. FL. 3280 PROGRESS DRIVE ORLANDO, FL 32826 **Current Mailing Address: New Mailing Address:** P.O. BOX 781238 ORLANDO, FL 328781238 FEI Number: 59-3429074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFIN, ELIZABETH A GRIFFIN, ELIZABETH A 4298 CROOKED MILE ROAD 3180 SAVANNAHS TRAIL US MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32952 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 04/09/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OCONNOR, MICHAEL Name: Name: 6767 OLD MADISON PIKE, SUITE 160 Address: Address: City-St-Zip: HUNTSVILLE, AL 35806 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KNIGHT, SAMUEL Name: Address: 12351 RESEARCH PKWY Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: Title: () Delete Title: (X) Change () Addition SWAN, PETE Name: WEBER, RALPH Name: 185 ALEWIFE BROOK PARKWAY 4090 SOUTH MEMORIAL PKY M/C 4-2-6 Address: Address: City-St-Zip: CAMBRIDGE, MA 02138 City-St-Zip: HUNTSVILLE, AL 35803 Title: VΡ () Delete Title: () Change () Addition Name: KATZ, WARREN Name: 185 ALEWIFE BOOK PARKWAY Address: Address: City-St-Zip: CAMBRIDGE, MA 02138 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRIFFIN, ELIZABETH A GRIFFIN, ELIZABETH A Name: Name: 4298 CROOKED MILE RD 3180 SAVANNAHS TRAIL Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32953

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 T 04/09/2007