

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

FILED
Mar 31, 2009
Secretary of State

Entity Name: SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Current Principal Place of Business:

3180 SAVANNAHS TRAIL
MERRITT ISLAND, FL 32953

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:

GRIFFIN, ELIZABETH A
3180 SAVANNAHS TRAIL
MERRITT ISLAND, FL 32953 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: OCONNOR, MICHAEL
Address: 6767 OLD MADISON PIKE, SUITE 160
City-St-Zip: HUNTSVILLE, AL 35806

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

Title: S () Delete
Name: KOGLER, JIM
Address: 4090 SOUTH MEMORIAL PKY M/C 4-2-6
City-St-Zip: HUNTSVILLE, AL 35803

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

Title: T () Delete
Name: GRIFFIN, ELIZABETH A
Address: 3180 SAVANNAHS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: HOLLENBACK, JIM
Address: 116 5TH ST NE
City-St-Zip: WASHINGTON, DC 20002-593

Title: VP (X) Change () Addition
Name: MORSE, KATHERINE
Address: 8910 UNIVERSITY CENTER LANE, SUITE 900
City-St-Zip: SAN DIEGO, CA 92122

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

T

03/31/2009

Date