

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

FILED
Jan 05, 2012
Secretary of State

Entity Name: SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Current Principal Place of Business:

3100 TECHNOLOGY PARKWAY
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 (X)**

Name and Address of Current Registered Agent:

MILLER, DUNCAN C
3100 TECHNOLOGY PARKWAY
ORLANDO, FL 32826 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: CHR
Name: DRAKE, DAVID L
Address: 10842 SEAPOINT WAY
City-St-Zip: SAN DIEGO, CA 92121

Title: PRES
Name: SWENSON, STEPHEN J
Address: 13 ROUNDTABLE CT
City-St-Zip: RICHMOND, RI 02892

Title: TREA
Name: CUTTS, DANNIE E
Address: 2313 DUNCANSBY DRIVE SW
City-St-Zip: DECATUR, AL 35603

Title: SEC
Name: OCASIO, SHEL
Address: 5418 JOSHUA TREE CIRCLE
City-St-Zip: FREDERICKSBURG, VA 22407

Title: VP
Name: O'CONNOR, MICHAEL J
Address: 118 GABLES BROOK DRIVE
City-St-Zip: HUNTSVILLE, AL 35806

Title: ED
Name: MILLER, DUNCAN C
Address: 1 DONOVAN DRIVE
City-St-Zip: BEDFORD, MA 01730

I hereby 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 all other like empowered.

SIGNATURE: DUNCAN C. MILLER

ED

01/05/2012

Electronic Signature of Signing Officer or Director

Date