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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18843** **(3)**

1. Corporation Name

SIMULATION, SYSTEMS & SERVICES TECHNOLOGIES COMP ANY

Principal Place of Business	Mailing Address
12015 LEE JACKSON HWY SUITE 128 FAIRFAX VA 22033 US	12015 LEE JACKSON HWY SUITE 128 FAIRFAX VA 22033 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 8930 Stanford Blvd.	26 8930 Columbia Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Columbia, MD	City & State 28 Columbia, MD
Zip 24 21045 Country 25 Howard	Zip 29 21045 Country 30 Howard

4. FEI Number: 06-1230714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	President	☒ Change ☐ Addition
NAME	CROMWELL, MICHAEL J. I	12 NAME	Kuhlmann, William E.	
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	13 STREET ADDRESS	8930 Stanford Blvd.	
CITY-ST-ZIP	FAIRFAX VA	14 CITY-ST-ZIP	Columbia, MD 21045	
TITLE	P	21 TITLE	Secretary & Treasurer	☒ Change ☐ Addition
NAME	KUHLMAN, WILLIAM E	22 NAME	Stroup, Robert W	
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	23 STREET ADDRESS	8930 Stanford Blvd.	
CITY-ST-ZIP	FAIRFAX VA	24 CITY-ST-ZIP	Columbia, MD 21045	
TITLE	V	31 TITLE	Vice-President	☒ Change ☐ Addition
NAME	FELKER, ROBERT	32 NAME	Jen, Chian-Li	
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	33 STREET ADDRESS	8930 stanford blvd.	
CITY-ST-ZIP	FAIRFAX VA	34 CITY-ST-ZIP	Columbia - MD - 21045	
TITLE	ST	41 TITLE	Vice-President	☒ Change ☐ Addition
NAME	FREE, JO-AN J	42 NAME	Ganesan, Dev	
STREET ADDRESS	12015 LEE JACKSON HWY, SUIE 128	43 STREET ADDRESS	8930 standford Blvd.	
CITY-ST-ZIP	FAIRFAX VA	44 CITY-ST-ZIP	Columbia, MD 21045	
TITLE	ST	51 TITLE		☒ Change ☐ Addition
NAME	MOORE, JOHN A JR.	52 NAME		
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	53 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	SCHRUMM, ERIC	62 NAME		
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	63 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/95 (410) 312-3500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0008866 CP