## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

**Entity Name: SIMULATION INTEROPERABILITY STANDARDS** 

ORGANIZATION, INC.

**Current Principal Place of Business:** 

3100 TECHNOLOGY PARKWAY ORLANDO, FL 32826

**Current Mailing Address:** 

P.O. BOX 781238

ORLANDO, FL 32878-1238

FEI Number: 59-3429074 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCALL, JAMES M 3100 TECHNOLOGY PARKWAY ORLANDO, FL 32826 US

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: JAMES M. MCCALL 01/21/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN Title PRESIDENT

NameLUTZ, ROBERT RNameSWENSON, STEPHEN JAddress795 BRACKLEY ROADAddress13 ROUNDTABLE CTCity-State-Zip:SEVERNA PARK MD 21146City-State-Zip:RICHMOND RI 02892

Title SECRETARY Title TREASURER

NameO'CONNOR, MICHAEL JNameCOOLAHAN, JAMESAddress1800 GABLES BROOK DRAddress3013 E. BOONES LANECity-State-Zip:HUNTSVILLE AL 35085City-State-Zip: ENDICOTT CITY MD 21042

Title VP Title EXECUTIVE DIRECTOR, ASST.

TREASURER

NameGRAHAM, DAVID LNameMCCALL, JAMES MAddress11931 JAMES BAY DRAddress348 E. BENRICH DRIVECity-State-Zip:ORLANDO FL 32827City-State-Zip: GILBERT AZ 85295

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: JAMES M. MCCALL

**EXECUTIVE DIRECTOR** 

01/21/2015

FILED Jan 21, 2015

**Secretary of State** 

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