## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

**Entity Name: SIMULATION INTEROPERABILITY STANDARDS** 

ORGANIZATION, INC.

**Current Principal Place of Business:** 

7901 4TH ST N. SUITE 300-4043

ST. PETERSBURG, FL 33702

**Current Mailing Address:** 

7901 4TH ST. N. SUITE 300-4043

ST. PETERSBURG, FL 33702 US

FEI Number: 59-3429074 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N. SUITE 300

ST. PETERSBURG, FL 33702 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: BILL HAVRE 05/05/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title VP

NameLUTZ, ROBERT RNameGRAHAM, DAVIDAddress7901 4TH ST N.Address7901 4TH ST N.

SUITE 300-4043 SUITE 300-4043

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title EXECUTIVE DIRECTOR, ASST.

TREASURER

Name O'CONNOR, MICHAEL J

Name ROWE, PATRICK T.

Address 7901 4TH ST N.
SUITE 300-4043 Address 7901 4TH ST N.

SUITE 300-4043 Address 7901 4TH ST N. SUITE 300-4043

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title CHAIRMAN Title SECRETARY

Name DRAKE, DAVID

Name MORSE, KATHERINE

Address 7901 4TH ST N.

7901 4TH ST N.
SUITE 300-4043 Address 7901 4TH ST N.

SUITE 300-4043

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER

Name GUSTAVSON, PAUL Name CURRY, DAMON

Address 7901 4TH ST N.
SUITE 300-4043 Address 7901 4TH ST N.
SUITE 300-4043 SUITE 300-4043

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

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.

Title

**PRESIDENT** 

SIGNATURE: PATRICK ROWE EXECUTIVE DIRECTOR 05/05/2022

FILED May 05, 2022

Secretary of State

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