

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90061 039 \*\*\*150.00

DOCUMENT # F02000001264					
1. Entity Name ORION ADVANCED SIMULATION & INTEL SYSTEMS, INC.					
Principal Place of Business 3200 CROSS CREEK PARKWAY AUBURN HILLS, MI 48326			Mailing Address 3200 CROSS CREEK PARKWAY AUBURN HILLS, MI 48326		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-3121629	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOBSON, CARL 12636 VICTORIA PLACE CIRCLE SUITE #208 ORLANDO, FL 32828			Name <u>HOBSON, CARL</u> Street Address (P.O. Box Number is Not Acceptable) <u>15807 WOODLAND SPRING COURT</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32828</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Shawn E. Hobson</i></u>			DATE <u>2/13/08</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOBSON, CARL D	NAME			
STREET ADDRESS	2465 CEDAR KEY	STREET ADDRESS			
CITY-ST-ZIP	LAKE ORION, MI 48360	CITY-ST-ZIP			
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOBSON, SUSAN E	NAME			
STREET ADDRESS	2465 CEDAR KEY	STREET ADDRESS			
CITY-ST-ZIP	LAKE ORION, MI 48360	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Shawn E. Hobson</i></u>			DATE: <u>2/13/08</u>		Daytime Phone #: <u>248-373-9800</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

