

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001100

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

**Current Principal Place of Business:**

3180 SAVANNAHS TRAIL  
MERRITT ISLAND, FL 32953

**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 ( )**

**Name and Address of Current Registered Agent:**

GRIFFIN, ELIZABETH A  
3180 SAVANNAHS TRAIL  
MERRITT ISLAND, FL 32953 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: C ( ) Delete  
Name: OCONNOR, MICHAEL  
Address: 6767 OLD MADISON PIKE, SUITE 160  
City-St-Zip: HUNTSVILLE, AL 35806

Title: P ( ) Delete  
Name: KNIGHT, SAMUEL  
Address: 12351 RESEARCH PKWY  
City-St-Zip: ORLANDO, FL 32826

Title: S ( ) Delete  
Name: KOGLER, JIM  
Address: 4090 SOUTH MEMORIAL PKY M/C 4-2-6  
City-St-Zip: HUNTSVILLE, AL 35803

Title: VP ( ) Delete  
Name: KATZ, WARREN  
Address: 185 ALEWIFE BOOK PARKWAY  
City-St-Zip: CAMBRIDGE, MA 02138

Title: T ( ) Delete  
Name: GRIFFIN, ELIZABETH A  
Address: 3180 SAVANNAHS TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HOLLENBACK, JIM  
Address: 116 5TH ST NE  
City-St-Zip: WASHINGTON, DC 20002-593

Title: VP (X) Change ( ) Addition  
Name: MORSE, KATHERINE  
Address: 8910 UNIVERSITY CENTER LANE, SUITE 900  
City-St-Zip: SAN DIEGO, CA 92122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH A GRIFFIN

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03/31/2009

Electronic Signature of Signing Officer or Director

Date