

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027101

FILED
Apr 25, 2012
Secretary of State

Entity Name: ALLIED SIMULATION, INC.

Current Principal Place of Business:

1410 N GOLDENROD RD
STE 4
ORLANDO, FL 32807 US

New Principal Place of Business:

1426 NORTH GOLDENROD RD
STE 4
ORLANDO, FL 32807 US

Current Mailing Address:

1410 N GOLDENROD RD
STE 4
ORLANDO, FL 32807 US

New Mailing Address:

1426 NORTH GOLDENROD RD
STE 4
ORLANDO, FL 32807 US

FEI Number: 26-2160060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMAN, TIFFANY D
507 S. CHICKASAW TRAIL
#251
ORLANDO, FL, FL 32825 US

Name and Address of New Registered Agent:

MULLEN, ALEXIA M
420 EAGLE CIRCLE
CASSELBERRY, FL 32707 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: ALEXIA MULLEN

04/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PONDER, MICHAEL L
Address: 1410 N GOLDENROD RD STE 4
City-St-Zip: ORLANDO, FL 32807 US

Title: VP
Name: ROLLS, MARTYN J
Address: 1410 N GOLDENROD RD STE 4
City-St-Zip: ORLANDO, FL 32807 US

Title: S
Name: GERMAN, TIFFANY G
Address: 1410 N GOLDENROD RD STE 4
City-St-Zip: ORLANDO, FL 32807 US

Title: T
Name: MULLEN, ALEXIA
Address: 1410 N. GOLDENROD RD, STE 4
City-St-Zip: ORLANDO, FL 32807

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL PONDER

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date