

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18843 (3)

1. Corporation Name
SIMULATION, SYSTEMS & SERVICES TECHNOLOGIES COMP ANY



Principal Place of Business: **8930 STANFORD BLVD SUITE 128 COLUMBIA MD 21045 US**
Mailing Address: **8930 COLUMBIA BLVD SUITE 128 COLUMBIA MD 21045 US**

3. Date Incorporated or Qualified: **04/15/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **06-1230714**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **8930 STANFORD BLVD**
21 Suite, Apt #, etc:
22 City & State: **COLUMBIA MD**
23 Zip: **21045** Country: **US**
24

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature) _____ (Typed Name) _____ (Date)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUHLMANN, WILLIAM E	
STREET ADDRESS	8930 STANFORD BLVD.	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STROUP, ROBERT W	
STREET ADDRESS	8930 STANFORD BLVD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JEN, CHIAN-LI	
STREET ADDRESS	8930 STANFORD BLVD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GANESAN, DEV	
STREET ADDRESS	8930 STANFORD BLVD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JOHN A JR.	
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHRUMM, ERIC	
STREET ADDRESS	12015 LEE JACKSON HWY, SUITE 128	
CITY-ST-ZIP	FAIRFAX VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DEV GANESAN** 4/20/96 (410) 312-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)