

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPROVED  
AND  
FILED

97 DEC 24 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P18843

1. Corporation Name

**SIMULATION, SYSTEMS & SERVICES TECHNOLOGIES COMPANY**  
**8930 STANFORD BOULEVARD**  
**COLUMBIA, MD 21045**

Principal Place of Business

Mailing Address

**8930 STANFORD BOULEVARD**  
**COLUMBIA, MD 21045**

**SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

4/15/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1230714

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V	ROBERT W. STROUP	8930 STANFORD BLVD.	COLUMBIA, MD 21045
S	THOMAS K. MILHOLLAN	8930 STANFORD BLVD.	COLUMBIA, MD 21045

500002391855--5  
-01/06/98--01109--001  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

ASST.-SEC.

REGISTERED AGENT MUST SIGN

Date 12-23-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this Annual Report, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

  
THOMAS K. MILHOLLAN

12/19/97  
Date

410-312-3500  
Daytime Phone #

CP250-00 (12/96)



Film

November 10, 1997

Ms. Carol Mustain  
Corporate Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Simulation, Systems & Services Technologies Company  
Reference Number: P18843

Dear Ms. Mustain:

I refer to your letter of October 23, 1997. Upon advisement from your department, this letter serves as a request to have our company withdrawn as a foreign corporation from the state of Florida despite the recent revocation on September 26, 1997.

Simulation, Systems & Services Technologies Company only received one notice to complete the report. This notice, which we believe was issued in January 1997, did not outline a time frame for measures taken for failure to file the annual report unlike what we understand the second notice covers. Therefore, having decided to have our company withdrawn, we did not submit the annual report. We apologize for the delay in filing for a certificate of withdrawal, but as we were not aware of the time limit for revocation, we unfortunately did not act within the prescribed time frame.

We would be grateful if you would waive the requirement for our company to be reinstated in order for it to file for withdrawal from your state. To this end, please accept the enclosed check for \$165.00 as payment for the 1997 annual report and proceed with the withdrawal process.

Thank you for your time and consideration.

Regards,

A handwritten signature in black ink, appearing to read "Najma Khan".

Najma Khan  
Manager, Compliance Reporting & Taxation  
GSE Systems, Inc.

Enclosures