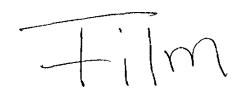
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPROVED** Sandra B. Mortham Secretary of State DOCUMENT # P18843 97 DEC 24 PM 1:21 1. Corporation Name SECRETARY OF STATE SIMULATION, SYSTEMS & SERVICES TECHNOLOGIES COMPANY TALLAHASSEE, FLORIDA 8930 STANFORD BOULEVARD 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 Date Incorporated or Qualified To Do Business in Florida 4/15/88 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 06-1230714 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Žip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip V 8930 STANFORD BLVD. ROBERT W. STROUP COLUMBIA, MD 21045 THOMAS K. MILHOLLAN 8930 STANFORD BLVD. COLUMBIA, MD 21045 -01/06/98--01109--001 \*\*\*\*165.00 \*\*\*\*165.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Suite, Apt. #, Etc 10. I, being appointed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent STERE AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. Locality 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 filling this Francisca. A 40 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals lighted 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. 410-312-3500 **SIGNATURE:** 12/19/97

Daytimo Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS





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,

Najma Khan

Manager, Compliance Reporting & Taxation

GSE Systems, Inc.

Enclosures