FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90283 008 ***150.00

DOCUMENT # P94000058723 1. Entity Name APPLIED SIMULATION CONSULTANTS CORPORATION					90106050
Principal Place of Business 1343 TIERRA CIRCLE WINTER PARK, FL 32792		Mailing Address 1343 TIERRA CIRCLE WINTER PARK, FL 32792			
2. Principal Place of Business		3. Mailing Address			LILILILI II AN HATA FATA FATA DILILILILI DILILILILI DILILILILI DILILILIL
Suite, Apt. ≢, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State		City & State =			4., FEI Number S9-3310059 Applied For Not Applicable
Zip	Zip Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
JACOBS, JOHN W 1343 TIERRA CIRCLE WINTER PARK, FL 32792					P.O. Box Number is Not Acceptable)
				City	FL Zip Code
8. 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. I am familiar with, and accept the colligations of registered agent.					
SIGNATURE	enecial winners name of marker the accent				super similarity.
ATO TELENO	Will FEE IS \$150,004 2003 Fee will be \$550.00 a to Florida Department		E; H9J0 B10	ri Agentsiynalyob oqquebr	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 343 T	IS, JOHN W IERRA CIRCLE R PARK, FL 32792	□ Delete		- (Change Addition (2)
TITLE PD OLSEI STREET ADDRESS 1441 N	I, DAVID W AYFIELD AVENUE	□ Delete	TITU HAM STRE	E E ADDRESS	☐ Change ☐ Addison D
TITLE NAME	R PARK, FL 32789	☐ Delete	Tau Kan	ŧ	Change Addition
STREET ADDRESS CITY-ST-2P TITLE	1	Delete		ET ADORESS ('-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZP	` . .	,	NAM STR	— · · · · · ·	
TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STRE	1	☐ Change ☐ Addition
CITY-ST-ZP TITLE NAME		☐ Delete	TITL	l l	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-2P	the information and	this filling store and a supply for	спу	ET ADDRESS	solon 140 07/2V/\ Elodida Chahitan further and full fluid the information
12. Thereby certify that the information supplied with this filing cose not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an executes, with all other like empowered. SIGNATURE: SI					