

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90503 031 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 826747 1. Entity Name CUBIC SIMULATION SYSTEMS, INC.			
Principal Place of Business 2001 W OAK RIDGE ROAD ORLANDO, FL 32809 US		Mailing Address 2001 W OAK RIDGE ROAD ORLANDO, FL 32809 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O CUBIC CORP TAX DEPT. 9333 BALBOA AVE MB 1031 San Diego, CA 92123 USA.	
City & State San Diego, CA		4. FEI Number 23-1714658	
Zip 92123		Country USA.	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAN VALKENBURGH, MELISSA ECC INTERNATIONAL CORP. 2001 W. OAK RIDGE ROAD ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation, FL Zip Code 33324	
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 obligations of registered agent. SIGNATURE <i>M.T. Fitzpatrick</i> Signature, typed or printed name of registered agent and title if applicable. M.T. FITZPATRICK ASSISTANT SECRETARY APR 21 2005 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CFO NAME VAN VALKENBURGH, MELISSA STREET ADDRESS 2205 LAKE CRESENT CT CITY-ST-ZIP WINDERMERE, FL 34788	☒ Delete	TITLE PRESIDENT / CEO NAME KOHL, TERRY STREET ADDRESS 2001 W. OAK RIDGE ROAD CITY-ST-ZIP ORLANDO, FL 32809-3803	☐ Change ☒ Addition
TITLE PCEO NAME DINKEL, GERALD R STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☐ Delete	TITLE DIRECTOR NAME DINKEL, GERALD R. STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☒ Change ☐ Addition
TITLE VCFO NAME BOYLE, WILLIAM W STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☐ Delete	TITLE DIRECTOR NAME BOYLE, WILLIAM W. STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☒ Change ☐ Addition
TITLE VPT NAME THOMAS, JOHN D STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☐ Delete	TITLE VICE PRESIDENT FINANCE / DIRECTOR NAME THOMAS, JOHN D. STREET ADDRESS 9333 BALBOA AVE. CITY-ST-ZIP SAN DIEGO, CA 92123	☒ Change ☐ Addition
TITLE SGC NAME HOESE, WILLIAM STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☐ Delete	TITLE SECRETARY / DIRECTOR NAME HOESE, WILLIAM L. STREET ADDRESS 9333 BALBOA AVENUE CITY-ST-ZIP SAN DIEGO, CA 92123	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE VICE PRESIDENT / CEO NAME ECHOLS, THOMAS A STREET ADDRESS 9333 BALBOA AVE CITY-ST-ZIP SAN DIEGO, CA 92123	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>William L. Hoese</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/22/05 Daytime Phone # 858 525 2226	

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-1714658	
Zip		Zip		Country	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN VALKENBURGH, MELISSA ECC INTERNATIONAL CORP. 2001 W. OAK RIDGE ROAD ORLANDO, FL 32809			Name Street Address (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 obligations of registered agent.					
SIGNATURE <i>M.T. Fitzpatrick</i> Signature, typed or printed name of registered agent and title if applicable.			M.T. FITZPATRICK ASSISTANT SECRETARY DATE APR 21 2005		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CFO		TITLE	VICE PRESIDENT- CONTRACTS ☐ Change ☒ Addition	
NAME	VAN VALKENBURGH, MELISSA ☒ Delete		NAME	MCDEVITT, H. JOSEPH	
STREET ADDRESS	2205 LAKE CRESENT CT		STREET ADDRESS	9333 BALBOA AVE	
CITY-ST- ZIP	WINDERMERE, FL 34786		CITY-ST- ZIP	SAN DIEGO, CA 92123	
TITLE	PCEO ☐ Delete		TITLE	ASSISTANT SECRETARY ☐ Change ☒ Addition	
NAME	DINKEL, GERALD R		NAME	WYLIE, LAUREN	
STREET ADDRESS	9333 BALBOA AVE		STREET ADDRESS	9333 BALBOA AVE	
CITY-ST- ZIP	SAN DIEGO, CA 92123		CITY-ST- ZIP	SAN DIEGO, CA 92123	
TITLE	VCFO ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BOYLE, WILLIAM W		NAME		
STREET ADDRESS	9333 BALBOA AVE		STREET ADDRESS		
CITY-ST- ZIP	SAN DIEGO, CA 92123		CITY-ST- ZIP		
TITLE	VPT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	THOMAS, JOHN D		NAME		
STREET ADDRESS	9333 BALBOA AVE		STREET ADDRESS		
CITY-ST- ZIP	SAN DIEGO, CA 92123		CITY-ST- ZIP		
TITLE	SGC ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HOESE, WILLIAM		NAME		
STREET ADDRESS	9333 BALBOA AVE		STREET ADDRESS		
CITY-ST- ZIP	SAN DIEGO, CA 92123		CITY-ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

20054054

04202005 Chg-P CR2E034 (10/03)

FL

Zip Code

DATE

Daytime Phone #