2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 826747

1. Entity Name
CUBIC SIMULATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
2001 W OAK RIDGE ROAD ORLANDO, FL 32809 US	C/O CUBIC CORP TAX DEPT 9333 BALBOA AVE M/S 10-31 SAN DIEGO, CA 92123 US

04252007 No Chg-P CR2E034 (11/05)

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4. FEI Number
23-1714658
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	KOLH, TERRY
STREET ADDRESS	2001 W OAK RIDGE ROAD
CITY-ST-ZIP	ORLANDO, FL 328093803
TITLE	D
NAME	DINKEL, GERALD R
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	D
NAME	BOYLE, WILLIAM W
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	VFD
NAME	THOMAS, JOHN D
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	SD
NAME	HOESE, WILLIAM
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	VCON
NAME	ECHOLS, THOMAS A
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123

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05/17/07-80017-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John D Thomas JOHN D THOMAS (858) 277-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #