## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 826747** 

Entity Name: CUBIC SIMULATION SYSTEMS, INC.

FILED Apr 28, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
	AK RIDGE ROA ), FL 32809	AD US				
Current Mailing Address:			New	New Mailing Address:		
9333 BALE	C CORP TAX E BOA AVE M/S 1 FO, CA 92123					
FEI Number:	: 23-1714658	FEI Number Applied For ( )	FEI Number No	ot Applicable ( ) Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name	e and Address of New Registered Agent:		
1200 S PIN	ORATION SYS NE ISLAND RO ION, FL 33324	AD				
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of chan	nging its registered office or registered agent,	or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	ΓORS:	ADD	ITIONS/CHANGES TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	GM () KOLH, TERRY 2001 W OAK RI ORLANDO, FL		Title: Name: Addres City-Si	•		
Title: Name: Address: City-St-Zip:	D () BOYLE, WILLIA 9333 BALBOA A SAN DIEGO, CA	<b>N</b> E	Title: Name: Addres City-Si	ss:		
Title: Name: Address: City-St-Zip:	VFD () THOMAS, JOHN 9333 BALBOA A SAN DIEGO, CA	WE	Title: Name: Addres City-Si	ss: 9333 BALBOA AVE		
Title: Name: Address: City-St-Zip:	SD () HOESE, WILLIA 9333 BALBOA A SAN DIEGO, CA	WE	Title: Name: Addres City-Si	ss: 9333 BALBOA AVE		
Title: Name: Address: City-St-Zip:	VCON () ECHOLS, THOM 9333 BALBOA A SAN DIEGO, CA	N/E	Title: Name: Addres City-Si	ss:		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Addres City-Si	ss: 9333 BALBOA AVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN R PETERSEN CTD 04/28/2009