

826747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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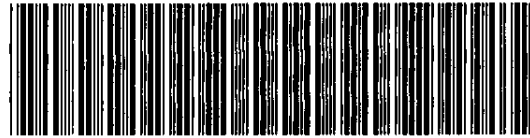
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cubic Simulation Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: 826747

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null

Name of Contact Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle · Suite 400

Address

Henderson, NV 89074-7722

City/State and Zip Code

angela.hartley@cubic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Null

Name of Contact Person

at

(800) 246-2677

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cubic Simulation Systems, Inc.
2. The principal office address: 2001 W OAK RIDGE ROAD, ORLANDO FL 32809 US
3. The mailing address (if different): PO BOX 85587, SAN DIEGO CA 92186
4. Date of incorporation/qualification: 09/14/1971 Document number: 826747
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CT CORPORATION SYSTEM
1200 S Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

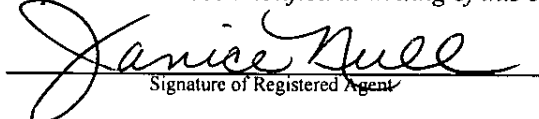
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓ 
Signature of an officer or director

Gregory L. Tanner, Treasurer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

August 2, 2011

Date

If signing on behalf of an entity:

Janice Null on behalf of InCorp Services, Inc.

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***