

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826747

Entity Name: CUBIC SIMULATION SYSTEMS, INC.**Current Principal Place of Business:**2001 W OAK RIDGE ROAD
ORLANDO, FL 32809**Current Mailing Address:**PO BOX 85587
SAN DIEGO, CA 92186**FEI Number:** 23-1714658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title GM
Name KOHL, TERRY
Address 2001 W OAK RIDGE ROAD
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR AND SECRETARY
Name EDWARDS, JAMES R
Address 9333 BALBOA AVE
City-State-Zip: SAN DIEGO CA 92123

Title TREASURER
Name TANNER, GREGORY L
Address 9333 BALBOA AVE
City-State-Zip: SAN DIEGO CA 92123

Title DIRECTOR
Name FELDMANN, BRADLEY H
Address PO BOX 85587
City-State-Zip: SAN DIEGO CA 92186

Title DIRECTOR AND VP
Name THOMAS, JOHN D
Address 9333 BALBOA AVE
City-State-Zip: SAN DIEGO CA 92123

Title DIRECTOR AND SVP
Name ECHOLS, THOMAS A
Address 9333 BALBOA AVE
City-State-Zip: SAN DIEGO CA 92123

Title ASSISTANT SECRETARY
Name HARTLEY, ANGELA L.
Address 9333 BALBOA AVENUE
City-State-Zip: SAN DIEGO CA 92123

Title VP, TAX
Name MALOY, JULIE M
Address PO BOX 85587
City-State-Zip: SAN DIEGO CA 92186

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ANGELA L HARTLEY**ASSISTANT SECRETARY 04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FELDMANN, BRADLEY H
Address PO BOX 85587
City-State-Zip: SAN DIEGO CA 92186

Title VP, TAX
Name MALOY, JULIE M
Address PO BOX 85587
City-State-Zip: SAN DIEGO CA 92186