FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **845653** **(5)**

1. Corporation Name

CUBIC AUTOMATIC REVENUE COLLECTION GROUP, INC.

Principal Place of Business	Mailing Address
5650 KEARNY MESA RD. 9333 BALBOA AVENUE. M/S 10-31 SAN DIEGO CA 92111 US	C/O CUBIC CORP. TAX DEPT. 9333 BALBOA AVENUE. M/S 10-31 SAN DIEGO CA 92123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1980**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **95-2773786** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	BAZ, THOMAS A	12 NAME	
STREET ADDRESS	9333 BALBOA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 92123	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	STEWART, WILLIAM C.	22 NAME	
STREET ADDRESS	9333 BALBOA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ZABLE, WALTER J	32 NAME	
STREET ADDRESS	9333 BALBOA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 0 92123	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	HUGHES, JOHN B	42 NAME	
STREET ADDRESS	5650 KEARNY MESA ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	P/D ☒ Change ☐ Addition
NAME	DAMESON, L G	52 NAME	Zable, Walter C.
STREET ADDRESS	9333 BALBOA AVENUE	53 STREET ADDRESS	9333 Balboa Avenue
CITY-ST-ZIP	SAN DIEGO, CA 0 92123	54 CITY-ST-ZIP	San Diego, CA 92123
TITLE	C	61 TITLE	C/D ☒ Change ☐ Addition
NAME	DEKOZAN, R L	62 NAME	
STREET ADDRESS	5650 KEARNY MESA RD	63 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 0 92111	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Thomas A. Baz 4/28/95 619/277-6780
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478950 FP