

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **845653** (5)
1. Corporation Name
CUBIC AUTOMATIC REVENUE COLLECTION GROUP, INC.



Principal Place of Business
**5650 KEARNY MESA RD.
9333 BALBOA AVENUE, M/S 10-31
SAN DIEGO CA 92111
US**

Mailing Address
**C/O CUBIC CORP. TAX DEPT.
9333 BALBOA AVENUE, M/S 10-31
SAN DIEGO CA 92123**

3. Date Incorporated or Qualified
04/03/1980

3a. Date of Last Report
05/01/1995

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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when restate g)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZ, THOMAS A	1.2 NAME	Thomas, John D.
STREET ADDRESS	9333 BALBOA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 92123	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, WILLIAM C.	2.2 NAME	
STREET ADDRESS	9333 BALBOA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZABLE, WALTER J	3.2 NAME	P
STREET ADDRESS	9333 BALBOA AVENUE	3.3 STREET ADDRESS	Lincoln, John
CITY-ST-ZIP	SAN DIEGO, CA 0 92123	3.4 CITY-ST-ZIP	5650 Kearny Mesa Rd
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOHN B	4.2 NAME	V
STREET ADDRESS	5650 KEARNY MESA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABLE, WALTER C.	5.2 NAME	D
STREET ADDRESS	9333 BALBOA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 0	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEKOZAN, R L	6.2 NAME	
STREET ADDRESS	5650 KEARNY MESA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 0	6.4 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)(k), 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:

William C Stewart, Jr.

William C. Stewart, Jr.

4/23/96

619/277-6780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)