


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90577 049 ***150.00

DOCUMENT # 845653 1. Entity Name CUBIC TRANSPORTATION SYSTEMS, INC.					
Principal Place of Business 5650 KEARNY MESA RD. SAN DIEGO, CA 92111 US			Mailing Address C/O CUBIC CORP. TAX DEPT. 9333 BALBOA AVENUE, M/S 10-31 SAN DIEGO, CA 92123		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 95-2773786			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, JOHN D. 9333 BALBOA AVE SAN DIEGO, CA 92123 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER RICHARD A JOHNSON 5650 KEARNY MESA ROAD SAN DIEGO CA 92111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPE EFLAND, RICHARD 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP - BUSINESS DEVELOPMENT STEVEN O SHEWMAKER 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DEKOZAN, R L 5650 KEARNY MESA RD SAN DIEGO, CA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP - EAST COAST OPERATIONS PETER M BUGRE 5650 KEARNY MESA ROAD SAN DIEGO CA 92111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Alan R Petersen</u> ALAN R PETERSEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4.15.04		Daytime Phone # (858) 505-2420

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZABLE, WALTER C. 5650 KEARNY MESA ROAD SAN DIEGO, CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS A BAZ 9333 BALBOA AVENUE SAN DIEGO CA 92123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DEKOZAN, R L 5650 KEARNY MESA RD SAN DIEGO, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Date _____ Daytime Phone # _____					

CONTINUATION SHEET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR