


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90155 036 ***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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 95-2773786	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	VP/GM DAVID L DEKOZAN 5650 KEARNY MESA ROAD SAN DIEGO CA 92111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETERSON, ALLAN R 9333 BALBOA AVENUE SAN DIEGO, CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/GC KENNETH A KOPF 9333 BALBOA AVENUE SAN DIEGO CA 92123 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EFLAND, RICHARD 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEPHEN E PURCELL 5650 KEARNY MESA ROAD SAN DIEGO CA 92111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOESE, WILLIAM L 9333 BALBOA AVE SAN DIEGO, CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN B SATERFIELD 3800 CONCORDE PARKWAY, SUITE 1500 CHANTILLY VA 20151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ZABLE, WALTER C. 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JAMES A SCHLEIFER 1308 SOUTH WASHINGTON STREET TULLAHOMA TN 37388 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKOZAN, R L 5650 KEARNY MESA RD SAN DIEGO, CA 92111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD T GENEY 245 WEST 17TH STREET, 8TH FLOOR NEW YORK NY 10011 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ALLAN R PETERSEN **ALLAN R PETERSEN** 4-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 845653 1. Entity Name CUBIC TRANSPORTATION SYSTEMS, INC.						CONTINUATION SHEET <div style="font-size: 2em; font-family: cursive;">40064889</div> <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>	
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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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, 2006 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	SVP MARTIN TURROCK 5650 KEARNY MESA ROAD SAN DIEGO CA 92111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETERSON, ALLAN R 9333 BALBOA AVENUE SAN DIEGO, CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLE W WORKMAN 9333 BALBOA AVENUE SAN DIEGO CA 92123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EFLAND, RICHARD 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/C RICHARD WUNDERLE 5650 KEARNY MESA ROAD SAN DIEGO CA 92111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOESE, WILLIAM L 9333 BALBOA AVE SAN DIEGO, CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM W BOYLE 9333 BALBOA AVENUE SAN DIEGO CA 92123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ZABLE, WALTER C. 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK A HARRISON 9333 BALBOA AVENUE SAN DIEGO CA 92123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKOZAN, R L 5650 KEARNY MESA RD SAN DIEGO, CA 92111	<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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date _____ <small>Daytime Phone #</small>	