


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

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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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2773786	Applied For 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

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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, 2007 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

TITLE	TD
NAME	THOMAS, JOHN D.
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	AT
NAME	PETERSON, ALLAN R
STREET ADDRESS	9333 BALBOA AVENUE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	PD
NAME	EFLAND, RICHARD
STREET ADDRESS	5650 KEARNY MESA ROAD
CITY-ST-ZIP	SAN DIEGO, CA 92111
TITLE	SD
NAME	HOESE, WILLIAM L
STREET ADDRESS	9333 BALBOA AVE
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	DC
NAME	ZABLE, WALTER C.
STREET ADDRESS	5650 KEARNY MESA ROAD
CITY-ST-ZIP	SAN DIEGO, CA 92111
TITLE	D
NAME	DEKOZAN, R L
STREET ADDRESS	5650 KEARNY MESA RD
CITY-ST-ZIP	SAN DIEGO, CA 92111

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05/25/07-80055-010 150.00

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 Peterson **ALLAN R PETERSEN** 4-25-07 **(858) 505-2420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #