F05000003548

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COVER LETTER

Division of Corporations			
SUBJECT: Cubic Defense Applications, Inc. Name of Corporation			
Name of Corporation			
DOCUMENT NUMBER: F05000003548			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Janice Null			
Name of Contact Person			
InCorp Services, Inc.			
Firm/Company			
2360 Corporate Circle · Suite 400			
Address			
Henderson, NV 89074-7722			
Henderson, NV 89074-7722 City/State and Zip Code			
angola hartley@auhie.com			
angela.hartley@cubic.com E-mail address: (to be used for future annual report notification)			
2 man addition (to be ased for ratare annual report normalization)			
For further information concerning this matter, please call:			
Janice Null on behalf of Incorp Services, Inc. at (800) 246-2677			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organize in order to change its registered office or registere	d under the laws of the State of California
1. The name of the corporation: Cubic Defense App	•
2. The principal office address: 9333 BALBOA AVENU	JE, SAN DIEGO CA 92123
3. The mailing address (if different): PO BOX 95587, S	AN DIEGO CA 92186
4. Date of incorporation/qualification: 06/17/2005	Document number: F05000003548
5. The name and street address of the current registered ager Florida Department of State: (If resigned, enter resigned)	nt and registered office on file with the
C T CORPORATION SYSTEM	
1200 South Pine Island Road	
Plantation, FL 33324 US	
5. The name and street address of the new registered agent (if changed): InCorp Services, Inc.	f changed) and /or registered office
17888 67th Court North	
P.O. Box NOT ac	ceptable
Loxahatchee, FL 33470	
The street address of its registered office and the street add is changed will be identical.	dress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by the board, or the corporation has been notification.	
Sympature of an officer or director	Gregory L. Tanner, Treasurer Printed or typed name and title
hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the obligation to being filed merely to reflect a change in the re- corporation has been notified in writing of this change.	gree to act in this capacity. s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
Janise Jule	August 2, 2011
Signature of Registered Agent	Date
f signing on behalf of an entity:	
Janice Null on behalf of InCorp Services, Inc.	
Typed or Printed Name * * * FILING FEE:	\$35 AA * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314