

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

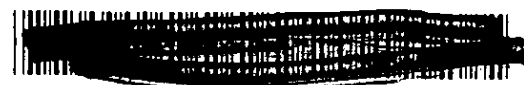
05-04-2000 90124 046 ***158.75

DOCUMENT # P99000002662

1. Entity Name
CUBIC CORPORATION

Principal Place of Business: **200 E. LAS OLAS BLVD SUITE 2040 FT. LAUDERDALE, FL 33301**
 Mailing Address: **200 E. LAS OLAS BLVD SUITE 2040 FT. LAUDERDALE, FL 33301**

552205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **110 E. BROWARD BLVD SUITE 850 FT. LAUDERDALE, FL**
 3. Mailing Address: **110 E. BROWARD BLVD SUITE 850 FT. LAUDERDALE, FL**

4. FEI Number: **65-0890061**
 Applied For: Not Applicable:

Zip: **33301** Country: **USA**
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5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK P. NISI, JR
2003 LAKE HOWELL LANE
SUITE 101
MAITLAND, FL 32751

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check (Payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPST	VOYATZOGLOU, THEODOSIOS		
STREET ADDRESS	224 ROYAL PALM DRIVE		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

(954) 525-2080
 Daytime Phone #

CR2E034 (9/99)