

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91522 018 ***150.00

DOCUMENT # F99000003492

1. Entity Name
CUBIC APPLICATIONS, INC.

Principal Place of Business 9333 BALBOA AVE. SAN DIEGO CA 92123	Mailing Address 9333 BALBOA AVE. MS 10-31 SAN DIEGO CA 92123
--	--



DO NOT WRITE IN THIS SPACE

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 33-0607446	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 C T CORPORATION SYSTEM 1200 SOUTH 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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, JACK A 4550 THIRD AVENUE, S.E. LACEY WA 98503-1053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL COUNSEL / ASSIST SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KOPF, KENNETH A 9333 BALBOA AVENUE SAN DIEGO CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROUSE, RICHARD F 4550 THIRD AVENUE, S.E. LACEY WA 98503-1053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETERSEN, ALLAN R 9333 BALBOA AVENUE SAN DIEGO CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, WILLIAM C JR 9333 BALBOA AVENUE SAN DIEGO CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JOHN D 9333 BALBOA AVENUE SAN DIEGO CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANSICKLE, RUTH 4550 THIRD AVENUE, SE LACEY, WA 98503-1053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FAIRBANKS, WALTER E 9333 BALBOA AVENUE SAN DIEGO CA 92123	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BINKEL, GERALD R 9333 BALBOA AVENUE SAN DIEGO CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAZ, THOMAS A 9333 BALBOA AVENUE SAN DIEGO CA 92123	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ALLAN R PETERSEN **5-1-02** **(858) 505-2047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)