

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 037 ***150.00

60028864



04182006 Chg-P CR2E034 (11/05)

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	
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		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BALENTINE, JIMMIE L 4550 THIRD AVE SE LACEY, WA 985031053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GM RICHARD D BRISTOW 4550 THIRD AVENUE SE LACEY WA 98503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN SICKLY, RUTH P 4550 THIRD AVENUE, S.E. LACEY, WA 985031053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAN SICKLE, RUTH P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCAS KOPF, KENNETH A 9333 BALBOA AVENUE SAN DIEGO, CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPGC
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP ARNOLD H GAYLOR 4550 THIRD AVENUE SE LACEY WA 98503
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP ROBERT T HOWARD 4550 THIRD AVENUE SE LACEY WA 98503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COND HARRISON, MARK A 9333 BALBOA AVENUE SAN DIEGO, CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP STANLEY F CHEREBE 4550 THIRD AVENUE SE LACEY WA 98503
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: <u>Allan R Peterson</u>		ALLAN R PETERSEN 4-19-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	


ATTACHMENT

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CONTINUATION

SHEET
ATTACHMENT

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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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SIGNATURE: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			