

1.) CORPORATION NAME:

CUBIC TRANSPORTATION SYSTEMS, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1111386**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5650 KEARNY MESA ROAD

CITY/ST/ZIP: SAN DIEGO, CA 92111

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN O SHEWMAKER	
TITLE:	PRESIDENT	
ADDRESS:	5650 Kearny Mesa Road	
CITY/ST/ZIP/CO:	San Diego, CA 92111	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN D THOMAS	
TITLE:	DIRECTOR	
ADDRESS:	9333 BALBOA AVENUE	
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92123	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GREGORY L TANNER	
TITLE:	TREASURER	
ADDRESS:	9333 BALBOA AVE	
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92123	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK A. HARRISON	
TITLE:	DIRECTOR	
ADDRESS:	9333 BALBOA AVENUE	
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92123	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WALTER C ZABLE	
TITLE:	DIRECTOR	
ADDRESS:	5650 KEARNY MESA RD	
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92111	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM W BOYLE	
TITLE:	DIRECTOR	
ADDRESS:	9333 BALBOA AVENUE	
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92123	

NAME: JAMES R EDWARDS TITLE: ASST SECRETARY ADDRESS: 9333 BALBOA AVENUE CITY/ST/ZIP/CO: SAN DIEGO, CA 92123	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID A JENKINS TITLE: SECRETARY ADDRESS: 5650 KEARNY MESA ROAD CITY/ST/ZIP/CO: SAN DIEGO, CA 92111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES R EDWARDS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES R EDWARDS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	7/2/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.