

1.) CORPORATION NAME:

CAE USA Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

470 N COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **2/28/2011**

SCC ID NO: **F1010976**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4908 TAMPA WEST BLVD

CITY/ST/ZIP: TAMPA, FL 33634-

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.

NAME: LEIGHTON SMITH
TITLE: DIRECTOR
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER DIRECTOR

NAME: DOUGLAS KATZ
TITLE: DIRECTOR
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER DIRECTOR

NAME: MICHAEL J WILLIAMS
TITLE: DIRECTOR
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER DIRECTOR

NAME: BRYAN BROWN
TITLE: DIRECTOR
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER DIRECTOR

NAME: DIANNA L GRANUM
TITLE: DIRECTOR
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER DIRECTOR

NAME: MARC PARENT TITLE: DIRECTOR ADDRESS: 8585 COTE DE LIESSE CITY/ST/ZIP/CO: ST LAURENT, QUEBEC H4T 1G6-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
---	---

NAME: MARTIN GAGNE TITLE: DIRECTOR ADDRESS: 8585 COTE DE LIESSE CITY/ST/ZIP/CO: ST LAURENT, QUEBEC H4T 1G6-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
--	---

NAME: JOHN S LENYO TITLE: PRESIDENT ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
---	--

NAME: JOHN B ATKINSON TITLE: TREASURER ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
--	---

NAME: DAVID C ALLMAND TITLE: SECRETARY ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
--	---

NAME: MICHAEL RYAN TITLE: CHAIRMAN ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
--	---

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/ DAVID C ALLMAND	DAVID C ALLMAND, SECRETARY	2/24/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.