

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: **2/29/2012**

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: JOHN S LENYO
TITLE: PRESIDENT
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: JOHN B ATKINSON
TITLE: TREASURER
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: DAVID C ALLMAND
TITLE: SECRETARY
ADDRESS: 4908 TAMPA WEST BLVD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: MICHAEL RYAN
TITLE: CHAIRMAN
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: MARTIN GAGNE TITLE: DIRECTOR ADDRESS: 8585 COTE DE LIESSE ST LAURENT, QUEBEC, H4T 1G6, CANADA CITY/ST/ZIP/CO: , -,	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DOUGLAS KATZ TITLE: DIRECTOR ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARC PARENT TITLE: DIRECTOR ADDRESS: 8585 COTE DE LIESSE ST LAURENT, QUEBEC, H4T 1G6, CANADA CITY/ST/ZIP/CO: , -,	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LEIGHTON SMITH TITLE: DIRECTOR ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL J WILLIAMS TITLE: DIRECTOR 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	3/12/2012
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.		