

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

CAE USA Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1010976**

**CT CORPORATION SYSTEM
470 N COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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.

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| <p>NAME: JOHN S LENYO TITLE: PRESIDENT ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: DAVID C ALLMAND TITLE: SECRETARY ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: JOHN B ATKINSON TITLE: TREASURER ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: MICHAEL RYAN TITLE: CHAIRMAN ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: BRYAN BROWN TITLE: DIRECTOR ADDRESS: 4908 TAMPA WEST BLVD CITY/ST/ZIP/CO: TAMPA, FL 33634</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: GENE COLLABATISTTO TITLE: DIRECTOR ADDRESS: 8585 COTE DE LIESSE CITY/ST/ZIP/CO: ST LAURENT, QC H4T 1G6, CA</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DOUGLAS KATZ DIRECTOR 4908 TAMPA WEST BLVD TAMPA, FL 33634 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARC PARENT DIRECTOR 8585 COTE DE LIESSE ST LAURENT, QUEBEC, H4T 1G6, CANADA , , FN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TIMOTHY KEATING DIRECTOR 4908 TAMPA WEST BLVD TAMPA, FL 33634 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL J WILLIAMS DIRECTOR 4908 TAMPA WEST BLVD TAMPA, FL 33634 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CRAIG LANGHAUSER DIRECTOR 4908 TAMPA WEST BLVD 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | DAVID C ALLMAND, SECRETARY PRINTED NAME AND CORPORATE TITLE | 1/23/2013 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. | | | |