

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

CAE USA Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1010976**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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:	RAYMOND G DUQUETTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4908 TAMPA WEST BLVD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

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

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

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

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

NAME:	GENE COLLABATISTTO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8585 COTE DE LIESSE		
CITY/ST/ZIP/CO:	ST LAURENT, QC, H4T 1, CANADA , , FN		

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:	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:	CRAIG LANGHAUSER 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 , , FN	<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
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	2/3/2014 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.			