

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213529260

1.) CORPORATION NAME:

BOMBARDIER AEROSPACE CORPORATION

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1261942**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3400 WATERVIEW PARKWAY
SUITE 400

CITY/ST/ZIP: RICHARDSON, TX 75080

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:	BRANT DAHLFORS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	26 CORPORATE PLAZA		
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660		

NAME:	DAVID GROSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-FLEXJET		
ADDRESS:	3400 WATERVIEW PARKWAY		
CITY/ST/ZIP/CO:	SUITE 400 RICHARDSON, TX 75080		

NAME:	BRUCE PEDDLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-FLEXJET		
ADDRESS:	3400 WATERVIEW PARKWAY		
CITY/ST/ZIP/CO:	SUITE 400 RICHARDSON, TX 75080		

NAME:	DEANNA WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Pres-FLEXJET		
ADDRESS:	3400 WATERVIEW PARKWAY		
CITY/ST/ZIP/CO:	SUITE 400 RICHARDSON, TX 75080		

NAME:	KIMBA SJOGREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE LEARJET WAY		
CITY/ST/ZIP/CO:	WICHITA, KS 67209		

NAME:	DANIEL DESJARDINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	800 RENE-LEVESQUE BLVD		
CITY/ST/ZIP/CO:	DORVAL, QUEBEC H4S 1Y9, CA		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE MARSHALL ASST SECRETARY 3400 WATERVIEW PARKWAY RICHARDSON, TX 75080	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCOIS OUELLETTE SECRETARY 400 COTE VERTU WEST DORVAL, QUEBEC H4S 1Y9, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A RIDOLFI CHAIRMAN 400 COTE VERTU WEST DORVAL, QUEBEC H4S 1Y9, CA	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ KIMBA SJOGREN	KIMBA SJOGREN, TREASURER	6/24/2013
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.