

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097527

Entity Name: AERCAP GROUP SERVICES, INC.**Current Principal Place of Business:**10250 CONSTELLATION BLVD
SUITE 1500
LOS ANGELES, CA 90067**Current Mailing Address:**10250 CONSTELLATION BLVD
SUITE 1500
LOS ANGELES, CA 90067 US**FEI Number:** 58-2528262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	HAJJAR, BASHIR
Address	10250 CONSTELLATION BLVD SUITE 1500
City-State-Zip:	LOS ANGELES CA 90067

Title	DIRECTOR, VP, SECRETARY
Name	ROSS , PATRICK
Address	10250 CONSTELLATION BLVD SUITE 1500
City-State-Zip:	LOS ANGELES CA 90067

Title	DIRECTOR, TREASURER, VP, ASST. SECRETARY
Name	EPSTEIN , MARGARET
Address	10250 CONSTELLATION BLVD SUITE 1500
City-State-Zip:	LOS ANGELES CA 90067

Title	VP
Name	KENNEDY , J. SCOT
Address	10250 CONSTELLATION BLVD SUITE 1500
City-State-Zip:	LOS ANGELES CA 90067

Title	VP
Name	GLOEGE , TIMOTHY
Address	10250 CONSTELLATION BLVD. STE 1500
City-State-Zip:	LOS ANGELES CA 90067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK ROSS**SECRETARY****04/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date