

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002001

**Entity Name:** STANDARDAERO BUSINESS AVIATION SERVICES, LLC**Current Principal Place of Business:**6710 N. SCOTTSDALE ROAD  
STE 250  
SCOTTSDALE, AZ 85253**Current Mailing Address:**6710 N. SCOTTSDALE ROAD  
STE 250  
SCOTTSDALE, AZ 85253 US**FEI Number:** 52-1956503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**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

**Authorized Person(s) Detail :**

Title CEO  
Name FORD, RUSSELL W  
Address 6710 N. SCOTTSDALE ROAD  
STE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title CFO/TREASURER  
Name SCOTT, MICHAEL  
Address 33 ALLEN DYNE ROAD  
City-State-Zip: WINNIPEG R3H 1A1

Title ASSISTANT SECRETARY  
Name SINQUEFIELD, STEVE  
Address 6710 N. SCOTTSDALES ROAD  
SUITE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title SECRETARY  
Name ROSEBOROUGH, DIANE M  
Address 6710 N. SCOTTSDALE ROAD  
STE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title SVP HUMAN RESOURCES  
Name GRISEZ, MICHELE  
Address 6710 N. SCOTTSDALE ROAD  
STE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title PRESIDENT  
Name DROBNY, MARC  
Address 6710 N. SCOTTSDALE ROAD  
STE 250  
City-State-Zip: SCOTTSDALE AZ 85253

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE M. ROSEBOROUGH**SECRETARY****03/17/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date