

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000096062

**Entity Name:** CAE CIVIL AVIATION TRAINING SOLUTIONS, INC.**Current Principal Place of Business:**4908 TAMPA W BLVD  
TAMPA, FL 33634**Current Mailing Address:**2929 W. AIRFIELD DRIVE  
P.O. BOX 619119  
DALLAS, TX 75261**FEI Number:** 65-1053380**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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           | P                      |
| Name            | FREDERICK, GLENN       |
| Address         | 2929 WEST AIRFIELD DR. |
| City-State-Zip: | DALLAS TX 75261        |

|                 |                        |
|-----------------|------------------------|
| Title           | S                      |
| Name            | BARBEAU, MARYSE        |
| Address         | 8585 COTE DE LIESSE    |
| City-State-Zip: | SAINT-LAURENT H4T 1-G6 |

|                 |                        |
|-----------------|------------------------|
| Title           | T                      |
| Name            | FREDERICK, GLENN       |
| Address         | 2929 WEST AIRFIELD DR. |
| City-State-Zip: | DALLAS TX 75261        |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | LEFEBVRE, STEPHANE     |
| Address         | 8585 COTE DE LIESSE    |
| City-State-Zip: | SAINT-LAURENT H4T 1-G6 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | PATERSON, HARTLAND   |
| Address         | 4908 TAMPA WEST BLVD |
| City-State-Zip: | TAMPA FL 33634       |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | OTHER                                     |
| Name            | DAYRIT, HOLILY V                          |
| Address         | 2929 W. AIRFIELD DRIVE<br>P.O. BOX 619119 |
| City-State-Zip: | DALLAS TX 75261                           |

*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:** HOLILY DAYRIT**OTHER****04/01/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date