

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000045629

**Entity Name:** AERCAP CORPORATE SERVICES INC.

**Current Principal Place of Business:**

830 BRICKELL PLAZA  
50TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

801 BRICKELL AVENUE  
11TH FLOOR  
MIAMI , FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSS, PATRICK I  
830 BRICKELL PLAZA  
50TH FLOOR  
MIAMI, FL 33131 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 D  
Name ROSS, PATRICK I  
Address 830 BRICKELL PLAZA  
50TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title D  
Name KENNEDY , J. SCOT  
Address 830 BRICKELL PLAZA  
50TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title D, P  
Name HAJJAR, BASHIR  
Address 830 BRICKELL PLAZA  
50TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title D  
Name WALSH, KELLI M  
Address 830 BRICKELL PLAZA  
50TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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

**DIRECTOR**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date