

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004652

Entity Name: CAE USA, INC.**Current Principal Place of Business:**4908 TAMPA WEST BLVD
TAMPA, FL 33634**Current Mailing Address:**4908 TAMPA WEST BLVD
TAMPA, FL 33634**FEI Number:** 51-0311065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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 PRESIDENT
Name DUQUETTE, RAYMOND G
Address 4908 TAMPA WEST BLVD
City-State-Zip: TAMPA FL

Title TREASURER
Name ATKINSON, JOHN B
Address 4908 TAMPA WEST BLVD.
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name KEATING, TIMOTHY
Address 4908 TAMPA WEST BLVD
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name PARENT, MARC
Address 8585 COTE DE LIESSE
City-State-Zip: ST-LAURENT QC H4T 1G6

Title SECRETARY
Name ALLMAND, DAVID C
Address 4908 TAMPA WEST BLVD
City-State-Zip: TAMPA FL

Title DIRECTOR
Name WILLIAMS, MICHAEL
Address 4908 TAMPA WEST BLVD
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name COLLABATISTTO, GENE
Address 8585 COTE DE LIESSE
City-State-Zip: ST-LAURENT QC H4T 1G6

Title DIRECTOR
Name BROWN, BRYAN
Address 4908 TAMPA WEST BLVD
City-State-Zip: TAMPA FL 33634

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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: DAVID C ALLMAND**SECRETARY****03/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHWARTZ, NORTON
Address	4908 TAMPA WEST BLVD
City-State-Zip:	TAMPA FL 33634