

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007225

Entity Name: BBA AVIATION USA, INC.**Current Principal Place of Business:**201 S. ORANGE AVE.
SUITE 1290
ORLANDO, FL 32801**Current Mailing Address:**201 S. ORANGE AVE.
SUITE 1290
ORLANDO, FL 32801**FEI Number:** 59-3095227**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**Officer/Director Detail :**

Title	ASST. TREASURER
Name	CLICK, CHRISTA
Address	201 S ORANGE AVE., STE 1100
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	MALAUGHLIN, BARBARA
Address	201 S ORANGE AVE, STE 1100
City-State-Zip:	ORLANDO FL 32801

Title	DPS
Name	GOLDSTEIN, JOSEPH I
Address	201 S ORANGE AVE, STE 1100
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	POWELL, MICHAEL ANDREW
Address	201 S ORANGE AVE STE 1100
City-State-Zip:	ORLANDO FL 32801

Title	AS, DIRECTOR
Name	BANKOWITZ, JEFFREY T
Address	201 S ORANGE AVE, STE 1100
City-State-Zip:	ORLANDO FL 32801

Title	ASST. SECRETARY
Name	MARCINIK, DANIEL
Address	201 S ORANGE AVE., STE 1100
City-State-Zip:	ORLANDO FL 32801

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: CHRISTA CLICK**ASSISTANT TREASURER** 04/09/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date