

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000000259

**Entity Name:** CAE SIMUFLITE INC.

**Current Principal Place of Business:**

2929 WEST AIRFIELD DRIVE  
DALLAS/FT.WORTH AIRPORT, TX 75261

**Current Mailing Address:**

P.O. BOX 619119  
DFW AIRPORT, TX 75261

**FEI Number:** 06-1462730

**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 P  
Name ROBERTS, JEFFREY  
Address 8585 COTE DE LIESSE  
City-State-Zip: SAINT LAURENT QC H4T1G-6

Title S  
Name BARBEAU, MARYSE  
Address 8585 COTE DE LIESSE  
City-State-Zip: SAINT LAURENT QC H4T1G-6

Title VP  
Name FREDERICK, GLENN  
Address 2929 WEST AIRFIELD DRIVE  
City-State-Zip: DALLAS/FT.WORTH AIRPORT TX 75261

Title DIRECTOR  
Name ALLMAND, DAVID  
Address 4908 TAMPA WEST BLVD  
City-State-Zip: TAMPLA FL 33634

*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 ALLMAND

**DIRECTOR**

**02/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date