

2014 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 | LEWIS, ROBERT |
| Address | 2929 W. AIRFIELD DRIVE |
| City-State-Zip: | DFW AIRPORT TX 75261 |
| | |
| Title | VP |
| Name | FREDERICK, GLENN |
| Address | 2929 WEST AIRFIELD DRIVE |
| City-State-Zip: | DALLAS/FT.WORTH AIRPORT TX 75261 |

| | |
|-----------------|------------------------------|
| Title | S |
| Name | BARBEAU, MARYSE |
| Address | 8585 COTE DE LIESSE |
| City-State-Zip: | SAINT LAURENT QC H4T1G-6 |
| | |
| Title | DIRECTOR |
| Name | LEFEBVRE, STEPHANE |
| Address | 8585 COTE DE LIESSE |
| City-State-Zip: | SAINT-LAURENT QUEBEC H4T 1G6 |

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: ROBERT LEWIS

PRESIDENT

08/05/2014

Electronic Signature of Signing Officer/Director Detail

Date