

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:08

DOCUMENT # 858463

(3)

1. Corporation Name

COLUMBIA HELICOPTERS, INC.

Principal Place of Business

14452 ARNDT RD., NE
AURORA OR 97002

Mailing Address

14452 ARNDT RD., NE
AURORA OR 97002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/15/1983

3a. Date of Last Report
02/08/1994

4. FEI Number

93-0462482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

P.O. Box 3500

26

Suite, Apt. #, etc.

27

City & State

28

Portland, OR

29

97208

30

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LEMATTA, WES
18333 EVERGREEN HWY. SE
CAMAS WA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
FAHEY, MIKE
1300 FOREST MEADOWS WAY
LAKE OSWEGO OR

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HUMPHREYS, RICHARD H., JR
4515 SW NATCHEZ CT.
TUALATIN OR

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MERLICH, MAX
40573 SE KUBITZ RD
SANDY OR

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RYLE, JACK
6003 RIVERSIDE DR. #12
VANCOUVER WA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SIMMONS, ROY M.
19110 SUNCREST AVE.
WEST LINN OR

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

Vice President
Erik Steckmest
10355 3W Kellogg Dr.
Tualatin, OR 97062

P.O. Box 3500

N/A

Portland, OR 97208

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 135.07(3)(k), Florida Statutes. I further certify 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 in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

Richard H. Humphreys, Jr.

Richard H. Humphreys, Jr

503-678-1222

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date 2/14/95

(Signature) (Typed Name)