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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 858463 (3)

1. Corporation Name

COLUMBIA HELICOPTERS, INC.

Principal Place of Business

14452 ARNDT RD., NE
AURORA OR 97002

Mailing Address

P.O. BOX 3500
PORTLAND OR 97208-3500
US



3. Date Incorporated or Qualified

11/15/1983

3a. Date of Last Report

04/03/1996

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

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 of registered agent or of the corporation's officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	DELETE
NAME	LEMATTA, WES	
STREET ADDRESS	18333 EVERGREEN HWY. SE	
CITY-ST-ZIP	CAMAS WA	
TITLE	VT	DELETE
NAME	FAHEY, MIKE	
STREET ADDRESS	1300 FOREST MEADOWS WAY	
CITY-ST-ZIP	LAKE OSWEGO OR	
TITLE	S	DELETE
NAME	HUMPHREYS, RICHARD H., JR	
STREET ADDRESS	4515 SW NATCHEZ CT.	
CITY-ST-ZIP	TUALATIN OR	
TITLE	V	DELETE
NAME	MERLICH, MAX	
STREET ADDRESS	40573 SE KUBITZ RD	
CITY-ST-ZIP	SANDY OR	
TITLE	VP	DELETE
NAME	STECKMEST, ERIK	
STREET ADDRESS	10355 SW KELLOGG DR.	
CITY-ST-ZIP	TUALATIN OR	
TITLE	PD	DELETE
NAME	SIMMONS, ROY M.	
STREET ADDRESS	P.O. BOX 3500 N/A	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or application for annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed. I am attaching an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Humphreys

1/15/97

503-678-1222

Date

Daytime Phone #

CR2E034 (9/96)