

**2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 858463

**Entity Name:** COLUMBIA HELICOPTERS, INC.**Current Principal Place of Business:**14452 ARNDT RD., NE  
AURORA, OR 97002**Current Mailing Address:**14452 ARNDT RD., NE  
AURORA, OR 97002 US**FEI Number:** 93-0462482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
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            PRESIDENT, CEO, DIRECTOR  
Name            BANDY, STEVE  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            SECRETARY  
Name            SANDGREN, ANDREW  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            ASSISTANT SECRETARY  
Name            GRAGE, CAPRICE  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            ASSISTANT TREASURER  
Name            PARMETER, DAVID  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            VP  
Name            BRUNNER, MICHAEL  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            DIRECTOR, CFO, TREASURER  
Name            LONG, MATTHEW  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            VP  
Name            CRESPO, SANTIAGO  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

Title            VP  
Name            BOATSMAN, CHRISTIAN  
Address        14452 ARNDT RD., NE  
City-State-Zip: AURORA OR 97002

*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:** CAPRICE GRAGE**ASST. SECRETARY****09/28/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date