

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858463

Entity Name: COLUMBIA HELICOPTERS, INC.**Current Principal Place of Business:**14452 ARNDT RD., NE
AURORA, OR 97002**Current Mailing Address:**P.O. BOX 3500
PORTLAND, OR 97208 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	DIRECTOR
Name	FAHEY, MICHAEL A
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	DIRECTOR
Name	DAMICO, GREGORY A
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	DIRECTOR
Name	HEILMAN, TERRY L
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	DIRECTOR, CHAIRMAN, TREASURER
Name	WILSON, STANLEY Y
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	VICE PRESIDENT OF MARKETING
Name	PETERSEN, TODD
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	VICE PRESIDENT OF OPERATIONS
Name	BANDY, STEVE
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	VICE PRESIDENT OF MAINTENANCE
Name	KOEHNKE, KURT
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

Title	SECRETARY
Name	MLODINOFF, DAVID
Address	P.O. BOX 3500
City-State-Zip:	PORTLAND OR 97208

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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****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name GRAGE, CAPRICE
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208

Title DIRECTOR
Name LEMATTA, NANCY
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208

Title PRESIDENT, CEO
Name RANKIN, JAMES
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208

Title VP
Name LONG, MATTHEW
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208

Title ASSISTANT TREASURER
Name PARMETER, DAVID
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208

Title DIRECTOR
Name CROSBY, WILLIAM
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208

Title VP
Name BRUNNER, MICHAEL
Address P.O. BOX 3500
City-State-Zip: PORTLAND OR 97208