

**2014 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 CHAIRMAN  
Name LEMATTA, NANCY C  
Address P.O. BOX 3500  
City-State-Zip: PORTLAND OR 97208

Title DIRECTOR  
Name LEMATTA, JAMES R  
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  
Name MCCULLAM, DAVID  
Address P.O. BOX 3500  
City-State-Zip: PORTLAND OR 97208

Title CEO, 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 EXECUTIVE VICE PRESIDENT,  
DIRECTOR  
Name LANCE, PETER M  
Address P.O. BOX 3500  
City-State-Zip: PORTLAND OR 97208

Title PRESIDENT, VICE PRESIDENT OF  
FINANCE & TREASURER  
Name WILSON, STANLEY Y  
Address P.O. BOX 3500  
City-State-Zip: PORTLAND OR 97208

**Continues on page 2**

*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: DAVID MLODINOFF****SECRETARY****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            VICE PRESIDENT OF MARKETING  
Name           PETERSEN, TODD  
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            ASSISTANT SECRETARY  
Name           GRAGE, CAPRICE  
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            SECRETARY  
Name           MLODINOFF, DAVID  
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