FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **854070** **(0)**

1. Corporation Name

EVERGREEN INTERNATIONAL AIRLINES, INC.

Principal Place of Business	Mailing Address
3850 THREE MILE LANE ATTN: TAX DEPARTMENT MCMINNVILLE OR 97128	3850 THREE MILE LANE ATTN: TAX DEPARTMENT MCMINNVILLE OR 97128

3. Date Incorporated or Qualified: 09/15/1982
3a. Date of Last Report: 06/05/1995
4. FEI Number: 81-0357870 ☐ 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	2a. Mailing Address
21 3850 Three Mile Lane	26 3850 Three Mile Lane
Suite, Apt. #, etc. 22 Attn: Legal Dept.	Suite, Apt. #, etc. 27 Attn: Legal Dept.
City & State 23 McMinnville, Oregon	City & State 28 McMinnville, Oregon
Zip 24 97128 Country 25 U.S.A.	Zip 29 97128 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD ☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	SMITH, DELFORD M	1.2 NAME	Timothy G. Wahlburg	
STREET ADDRESS	3850 THREE MILE LANE	1.3 STREET ADDRESS	3850 Three Mile Lane	
CITY-ST-ZIP	MCMINNVILLE OR	1.4 CITY-ST-ZIP	McMinnville, Oregon 97128	
TITLE	P ☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	LANE, LARRY K.	2.2 NAME	Donna G, Nelson	
STREET ADDRESS	3850 THREE MILE LANE	2.3 STREET ADDRESS	3850 Three Mile Lane	
CITY-ST-ZIP	MCMINNVILLE OR	2.4 CITY-ST-ZIP	McMinnville, Oregon 97128	
TITLE	S ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALBUS, GLENN	3.2 NAME		
STREET ADDRESS	3850 THREE MILE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MCMINNVILLE OR	3.4 CITY-ST-ZIP		
TITLE	D ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANE, RONALD A.	4.2 NAME		
STREET ADDRESS	3850 THREE MILE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MCMINNVILLE OR	4.4 CITY-ST-ZIP		
TITLE	T ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CANTRELL, BOB I.	5.2 NAME		
STREET ADDRESS	3850 THREE MILE LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MCMINNVILLE OR	5.4 CITY-ST-ZIP		
TITLE	V ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, ELSIE M.	6.2 NAME		
STREET ADDRESS	3850 THREE MILE LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MC MINNVILLE OR	6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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, or on an attachment with an address.

SIGNATURE: Donna G. Nelson Donna G. Nelson, Asst. Sec. 1/16/96 (503)472-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #