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FILED
Aug 21 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 # 854070 (0) 1. Corporation Name EVERGREEN INTERNATIONAL AIRLINES, INC.					
Principal Place of Business 3850 THREE MILE LANE ATTN: LEGAL DEPARTMENT MCMINNVILLE OR 97128 US			Mailing Address 3850 THREE MILE LANE ATTN: LEGAL DEPARTMENT MCMINNVILLE OR 97128 US		
2. Principal Place of Business 21 3850 Three Mile Lane Suite, Apt. #, etc. 22 Attn: Legal Dept. City & State 23 McMinnville, OR Zip 24 97128		2a. Mailing Address 26 3850 Three Mile Lane Suite, Apt. #, etc. 27 Attn: Legal Dept. City & State 28 McMinnville, OR Zip 29 97128		3. Date Incorporated or Qualified 09/15/1982 3a. Date of Last Report 02/28/1996 4. FEI Number 81-0357870 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 85 Zip Code FL		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE CD NAME SMITH, DELFORD M STREET ADDRESS 3850 THREE MILE LANE CITY-ST-ZIP MCMINNVILLE OR TITLE P NAME LANE, LARRY K. STREET ADDRESS 3850 THREE MILE LANE CITY-ST-ZIP MCMINNVILLE OR TITLE S NAME ALBUS, GLENN STREET ADDRESS 3850 THREE MILE LANE CITY-ST-ZIP MCMINNVILLE OR TITLE D and Vice Chairman of the Board NAME LANE, RONALD A. STREET ADDRESS 3850 THREE MILE LANE CITY-ST-ZIP MCMINNVILLE OR TITLE T NAME CANTRELL, BOB I. STREET ADDRESS 3850 THREE MILE LANE CITY-ST-ZIP MCMINNVILLE OR TITLE V NAME HENRY, ELSIE M. STREET ADDRESS 3850 THREE MILE LANE CITY-ST-ZIP MCMINNVILLE OR			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Treasurer 1.2 NAME Carolyn S. Fox 1.3 STREET ADDRESS 3850 Three Mile Lane 1.4 CITY-ST-ZIP McMinnville, OR 97128 2.1 TITLE Vice President Admin 2.2 NAME Sue Ann T. Graves 2.3 STREET ADDRESS 3850 Three Mile Lane 2.4 CITY-ST-ZIP McMinnville, OR 97128 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 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:  Secretary 5-30-97 503-472-9361

CR2E034 (9/96)