

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91070 003 ***150.00

DOCUMENT # 854070**1. Entity Name****EVERGREEN INTERNATIONAL AIRLINES, INC.****Principal Place of Business****Mailing Address**3850 THREE MILE LANE
ATTN: LEGAL DEPARTMENT
MC MINNVILLE OR 97128
US3850 THREE MILE LANE
ATTN: LEGAL DEPARTMENT
MC MINNVILLE OR 97128
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 81-0357870

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CD			<input type="checkbox"/>
	SMITH, DELFORD M	3850 THREE MILE LANE	MC MINNVILLE OR	
	P			<input checked="" type="checkbox"/>
	LANE, LARRY K.	3850 THREE MILE LANE	MC MINNVILLE OR	
	S			<input checked="" type="checkbox"/>
	ALBUS, GLENN	3850 THREE MILE LANE	MC MINNVILLE OR	
	VCD			<input checked="" type="checkbox"/>
	LANE, RONALD A.	3850 THREE MILE LANE	MC MINNVILLE OR	
	V			<input checked="" type="checkbox"/>
	GRAVES, SUE ANN T	3850 THREE MILE LANE	MC MINNVILLE OR	
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ANTHONY E. BAUCKHAM	3850 THREE MILE LN.	MC MINNVILLE, OR 97128		
	SECRETARY			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GLENDA K. WOODRESS	3850 THREE MILE LN.	MC MINNVILLE, OR 97128		
	VP FINANCE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JOHN A. IRWIN	3850 THREE MILE LN.	MC MINNVILLE, OR 97128		
	BOARD MEMBER			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TIMOTHY G. WAHLBERG	3850 THREE MILE LN.	MC MINNVILLE, OR 97128		
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. IRWIN

Date

4/29/01

Daytime Phone #

503-472-4361

CR2E034 (10/00)