

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **858403**  
1. Corporation Name  
**COLUMBIA HELICOPTERS, INC.**

Principal Place of Business: **14452 Arndt Rd. Aurora, OR 97002**  
Mailing Address: **P.O. Box 3500 Portland, OR 97208**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>11/15/83</b>	3a. Date of Last Report <b>2/14/95</b>
4. FEI Number <b>93-0462482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**The Prentice Hall Corporation System  
1201 Hays Street  
Suite 105  
Tallahassee, Fl 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL 85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (Circle) Registered Agent signature required if no name is typed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Chairman / Director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wes Lematta</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. Box 3500</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Portland, OR 97208</b>	1.4 CITY- ST- ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael Fahey</b>	2.2 NAME	
STREET ADDRESS	<b>1300 Forest Meadows Way</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Lake Oswego, OR</b>	2.4 CITY- ST- ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard H. Humphreys</b>	3.2 NAME	
STREET ADDRESS	<b>4515 SW Natchez Ct</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Tualatin, OR</b>	3.4 CITY- ST- ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Erick Steckmest</b>	4.2 NAME	
STREET ADDRESS	<b>10355 SW Kellogg Drive</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Tualatin, OR 97062</b>	4.4 CITY- ST- ZIP	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roy M. Simmons</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. Box 3500</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Portland, OR 97028</b>	5.4 CITY- ST- ZIP	
TITLE	<b>Max Merlich</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Max Merlich</b>	6.2 NAME	
STREET ADDRESS	<b>40573 SE Kubitz Rd</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Sandy, OR</b>	6.4 CITY- ST- ZIP	

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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 of Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Richard H. Humphreys* **Richard H. Humphreys** 3/20/96 503/678-1222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95) 97-9-96

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Additional Officers & Directors

Vice President Safety Operations  
James Lematta  
7700 NE 72nd Avenue  
Vancouver, WA 98661

Vice President Flight Operations  
Pete Lance  
15128 SW Barcelona Way  
Beaverton, OR 97007

Vice President Marketing  
Jon Lazzaretti  
PO Box 983  
Wilsonville, OR 97070

Director  
M.E. Lematta  
PO Box 3500  
Portland, OR 97208