

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 858463 (3)
1. Corporation Name
COLUMBIA HELICOPTERS, INC.

Principal Place of Business: **14452 ARNDT RD., NE AURORA OR 97002**
Mailing Address: **P.O. BOX 3500 PORTLAND OR 97208-3500 US**

3. Date Incorporated or Qualified: **11/15/1983**
3a. Date of Last Report: **01/15/97**
4. FEI Number: **93-0462482**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent:
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEMATTA, WES	
STREET ADDRESS	18333 EVERGREEN HWY. SE	
CITY-ST-ZIP	CAMAS WA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FAHEY, MIKE	
STREET ADDRESS	1300 FOREST MEADOWS WAY	
CITY-ST-ZIP	LAKE OSWEGO OR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, RICHARD H.,JR	
STREET ADDRESS	4515 SW NATCHEZ CT.	
CITY-ST-ZIP	TUALATIN OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MERLICH, MAX	
STREET ADDRESS	40573 SE KUBITZ RD	
CITY-ST-ZIP	SANDY OR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STECKMEST, ERIK	
STREET ADDRESS	10355 SW KELLOGG DR.	
CITY-ST-ZIP	TUALATIN OR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMMONS, ROY M.	
STREET ADDRESS	P.O. BOX 3500 N7A	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002507530
-05/01/98--01044--011
***150.00

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, all upon agreement with an address.

SIGNATURE: _____

CR2E034 (9/96)