


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90136 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858463

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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/15/1983	
4. FEI Number 93-0462482	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMATTA, WES	1.2 NAME	
STREET ADDRESS	18333 EVERGREEN HWY. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMAS WA	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, MIKE	2.2 NAME	
STREET ADDRESS	1300 FOREST MEADOWS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO OR	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREYS, RICHARD H., JR	3.2 NAME	
STREET ADDRESS	4515 SW NATCHEZ CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUALATIN OR	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLICH, MAX	4.2 NAME	
STREET ADDRESS	40573 SE KUBITZ RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY OR	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKMEST, ERIK	5.2 NAME	
STREET ADDRESS	10355 SW KELLOGG DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TUALATIN OR	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ROY M.	6.2 NAME	
STREET ADDRESS	P.O. BOX 3500 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 4/17/99 Daytime Phone #: 503-678-1222

CR2E034 (11/98)