

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000663

Entity Name: PETROLEUM HELICOPTERS, INC.

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

2001 SE EVENGELINE THWY
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

PO BOX 90808
LAFATETTE, LA 70509

New Mailing Address:

FEI Number: 72-0395707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOSPFLUG, LANCE F
Address: 2001 SE EVENGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: STCF () Delete
Name: MCCANN, MICHAEL J
Address: 2001 SE EVENGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: DOCM () Delete
Name: SORENSON, W. PETER
Address: 2001 SE EVENGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: DOHR () Delete
Name: ROVINELLI, RICHARD A
Address: 2001 SE EVENGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: GMGR () Delete
Name: CRAIG, CARLIN N
Address: 2001 SE EVENGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: DOM () Delete
Name: CORNETT, GLENDON R
Address: 2001 SE EVENGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONSOULIN, AL A
Address: 4655 SWEETWATER BLVD, SUITE 3
City-St-Zip: SUGARLAND, TX 77479

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J MCCANN

STCF

05/09/2005

Electronic Signature of Signing Officer or Director

Date