

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gonzo B. Morton
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

95 MAY -1 AM 12:16

DOCUMENT # **P36547** (8)
NORTHWEST AEROSPACE TRAINING CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Corporation: **2600 LONE OAK PT
EAGAN MN 55121-538
US**
Mailing Address: **5101 NW DR
DEPT A4450
ST PAUL MN 55111
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 12/05/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 41-1574347		Applicant For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
21. State of Incorporation	22. State of Principal Office	23. State of Mailing Address	24. State of Registered Agent
25. County	26. County	27. County	28. County
29. City	30. City	31. City	32. City

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
B1. Name		B5. Zip Code	
B2. Street Address (P.O. Box Number is Not Acceptable)		FL	
B3. City		B4. City	

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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 provisions of Sections 607.01(2) and 607.01(3), Florida Statutes.

SIGNATURE: _____

12. CURRENTLY REGISTERED OFFICERS AND DIRECTORS		13. ADDITIONALLY CHANGED OFFICERS AND DIRECTORS	
OFFICER	NAME CEOP DECASTRO, HOWARD L. 4920 ASHLEY LANE, #318 INNER GROVE HGHTS MN	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME VD FORET, MICKEY 1015 SIBLEY MEMORIAL HWY #308 LILYDALE MN	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME VTD FRANCHT, JOSEPH E 11 BUFFALO RD NORTH OAKS MN	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME S JENKINS, JAY T 12833 FLORIDA LANE APPLE VALLEY MN	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME V LEWISON, KENNETH S. 401 PEAVEY LANE WAYZATA MN	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	NAME V WHITE, ALEC 4712 WASHBURN AVE., S. MINNEAPOLIS MN	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME 1903 Mount Curve Minneapolis, MN 55403	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME Vice President Rolf S. Andresen 13606 Duluth Drive Apple Valley, MN 55124	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. The board hereby certifies that the information supplied with this filing is correct, true and accurate and that the corporation is duly qualified to do business in the State of Florida. I hereby certify that the information indicated on this report is true and accurate and that the signature shall have the same legal effect as if made under oath. This filing is effective as of the date of this filing and the corporation has no objection to recording this report as required by Chapter 127, Florida Statutes, and that the report appears in Block 1 of Block 1 of the filing system maintained with an address.

SIGNATURE: *[Signature]*
VICE PRESIDENT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President
1-24-95
612/726-7230