

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

DOCUMENT # **P36547 (8)**
1. Corporation Name
NORTHWEST AEROSPACE TRAINING CORPORATION



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

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

3. Date Incorporated or Qualified: **12/05/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **41-1574347**
Applied For: Not Applicable
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

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 (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	DECASTRO, HOWARD L.	
STREET ADDRESS	4920 ASHLEY LANE, #318	
CITY-ST-ZIP	INNER GROVE HGHTS MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FORET, MICKEY	
STREET ADDRESS	1903 MOUNT CURVE	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FRANCKT, JOSEPH E	
STREET ADDRESS	11 BUFFALO RD	
CITY-ST-ZIP	NORTH OAKS MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JENKINS, JAY T	
STREET ADDRESS	12833 FLORIDA LANE	
CITY-ST-ZIP	APPLE VALLEY MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDRESEN, ROLF S.	
STREET ADDRESS	13606 DULUTH DRIVE	
CITY-ST-ZIP	APPLE VALLEY MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, ALEC	
STREET ADDRESS	4712 WASHBURN AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2600 Lone Oak Pt.
14 CITY-ST-ZIP	Eagan, MN 55121
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	5101 Northwest Drive
24 CITY-ST-ZIP	St. Paul, MN 55111-3034
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	2600 Lone Oak Pt..
63 STREET ADDRESS	Eagan, MN 55121
64 CITY-ST-ZIP	

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

SIGNATURE: *Rolf S. Andresen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rolf S. Andresen, Vice President

Date: **4-23-96** 612/726-7230
Date: _____ Phone # _____

CR2E034 (12/95)