

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business
2800 LONE OAK PT
EAGAN MN 55121-538
US

Mailing Address
5101 NW DR
DEPT A4450
ST PAUL MN 55111-3027
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12/05/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
41-1574347

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	DECASTRO, HOWARD L.	
STREET ADDRESS	2800 LONE OAK PT	
CITY-ST-ZIP	EAGAN MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FORET, MICKEY	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FRANCHT, 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	2800 LONE OAK PT.	
CITY-ST-ZIP	EAGAN MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth S. Levinson	
1.3 STREET ADDRESS	5101 Northwest Drive	
1.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard H. Anderson	
2.3 STREET ADDRESS	5101 Northwest Drive	
2.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
3.1 TITLE	SVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William D. Slattery	
4.3 STREET ADDRESS	5101 Northwest Drive	
4.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donald A. Washburn	
5.3 STREET ADDRESS	5101 Northwest Drive	
5.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (612) 726-7230

CR2E034 (9/96)