

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

3. Date Incorporated or Qualified 12/05/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 41-1574347	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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: *Sandra B. Mortham* (612) 726-7230

CR2E034 (9/96)