

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36547 (8)**  
 1. Corporation Name  
**NORTHWEST AEROSPACE TRAINING CORPORATION**



Principal Place of Business <b>2800 LONE OAK PT                  EAGAN MN 55121-338                  US</b>	Mailing Address <b>5101 NW DR                  DEPT A4450                  ST PAUL MN 55111                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/05/1991</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>41-1574347</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V LEVISON, KENNETH S	1.1 TITLE	Anderson, Ricahrd H.
NAME	5101 NORTHWEST DR	1.2 NAME	5101 Northwest Drive
STREET ADDRESS	ST PAUL MN	1.3 STREET ADDRESS	St. Paul, MN 55111-3034
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD FORET, MICKEY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5101 NORTHWEST DRIVE	2.2 NAME	
STREET ADDRESS	ST. PAUL MN	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	VD FRANCHT, JOSEPH E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 BUFFALO RD	3.2 NAME	
STREET ADDRESS	NORTH OAKS MN	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	S JENKINS, JAY T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12833 FLORIDA LANE	4.2 NAME	
STREET ADDRESS	APPLE VALLEY MN	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	VP ANDRESEN, ROLF S.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13806 DULUTH DRIVE	5.2 NAME	
STREET ADDRESS	APPLE VALLEY MN	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	V WHITE, ALEC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2800 LONE OAK PT.	6.2 NAME	
STREET ADDRESS	EAGAN MN	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth S. Levison* Kenneth S. Levison 4/22/98 612/726-2340

CR2E034 (10/97)