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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90021 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P36547**

1. Corporation Name  
**NORTHWEST AEROSPACE TRAINING CORPORATION**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**12/05/1991**

4. FEI Number Applied For  
**41-1574347** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 **V**  DELETE  
 NAME **LEVISON, KENNETH S**  
 STREET ADDRESS **5101 NORTHWEST DR**  
 CITY-ST-ZIP **ST PAUL MN**

TITLE **D**  DELETE  
 NAME **ANDERSON, RICHARD H**  
 STREET ADDRESS **5101 NORTHWEST DRIVE**  
 CITY-ST-ZIP **ST PAUL MN 55111**

TITLE **VTD**  DELETE  
 NAME **FRANCKT, JOSEPH E**  
 STREET ADDRESS **11 BUFFALO RD**  
 CITY-ST-ZIP **NORTH OAKS MN**

TITLE **S**  DELETE  
 NAME **JENKINS, JAY T**  
 STREET ADDRESS **12833 FLORIDA LANE**  
 CITY-ST-ZIP **APPLE VALLEY MN**

TITLE **VP**  DELETE  
 NAME **ANDRESEN, ROLF S.**  
 STREET ADDRESS **13606 DULUTH DRIVE**  
 CITY-ST-ZIP **APPLE VALLEY MN**

TITLE **V**  DELETE  
 NAME **WHITE, ALEC**  
 STREET ADDRESS **2600 LONE OAK PT.**  
 CITY-ST-ZIP **EAGAN MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **Levinson, Kenneth S.**

1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE **VSD**  Change  Addition  
 3.2 NAME **Steenland, Douglas M**  
 3.3 STREET ADDRESS **5101 Northwest Drive**  
 3.4 CITY-ST-ZIP **St. Paul, MN 55111-3034**

4.1 TITLE  Change  Addition  
 4.2 NAME **Foret, Mickey P**  
 4.3 STREET ADDRESS **5101 Northwest Drive**  
 4.4 CITY-ST-ZIP **St. Paul, MN 55111-3034**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME **Peterson, Gene L.**  
 6.3 STREET ADDRESS **2600 Lone Oak Point**  
 6.4 CITY-ST-ZIP **Eagan, MN 55121**

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, with all other like empowered.

SIGNATURE: *Kenneth S. Levinson* **Kenneth S. Levinson** 4/22/99 612/726-2340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)