

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36547

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: NORTHWEST AEROSPACE TRAINING CORPORATION

**Current Principal Place of Business:**

2600 LONE OAK PT  
EAGAN, MN 55121538 US

**New Principal Place of Business:**

2700 LONE OAK PARKWAY  
EAGAN, MN 55121538 US

**Current Mailing Address:**

2700 LONE OAK PKWY  
DEPT A4450  
EAGAN, MN 551211534 US

**New Mailing Address:**

FEI Number: 41-1574347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAINEY, TIMOTHY J  
Address: 2700 LONE OAK PARKWAY  
City-St-Zip: SAINT PAUL, MN 551211534

Title: D ( ) Delete  
Name: STEENLAND, DOUGLAS M  
Address: 2700 LONE OAK PARKWAY  
City-St-Zip: SAINT PAUL, MN 551211534

Title: DCFO ( ) Delete  
Name: COHEN, NEAL S  
Address: DEPT A4450-2700 LONE OAK PKWY  
City-St-Zip: SAINT PAUL, MN 551211534

Title: V ( ) Delete  
Name: CARLSON, KRISTI K  
Address: DEPT A4450-2700 LONE OAK PKWY  
City-St-Zip: SAINT PAUL, MN 551211534

Title: VPS ( ) Delete  
Name: MILLER, MICHAEL  
Address: 2700 LONE OAK PARKWAY  
City-St-Zip: EAGAN, MN 551211534

Title: VPT ( ) Delete  
Name: MATHEWS, DANIEL B  
Address: 2700 LONE OAK PARKWAY  
City-St-Zip: SAINT PAUL, MN 551211534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI K. CARLSON

V

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date