


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90051 039 ***150.00

DOCUMENT # P36547				
1. Entity Name NORTHWEST AEROSPACE TRAINING CORPORATION				
Principal Place of Business 2700 LONE OAK PARKWAY EAGAN, MN 55121-538 US		Mailing Address 2700 LONE OAK PKWY DEPT A4450 EAGAN, MN 55121-1534 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



04022008 Chg-P CR2E034 (12/06)

4. FEI Number
41-1574347

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

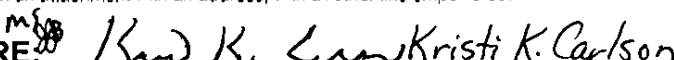
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINEY, TIMOTHY J		NAME		
STREET ADDRESS	2700 LONE OAK PARKWAY		STREET ADDRESS	Eagan	
CITY-ST-ZIP	SAINT PAUL, MN 551211534		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEENLAND, DOUGLAS M		NAME		
STREET ADDRESS	2700 LONE OAK PARKWAY		STREET ADDRESS	Eagan	
CITY-ST-ZIP	SAINT PAUL, MN 551211534		CITY-ST-ZIP		
TITLE	DEPT A	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, NEAL S		NAME		
STREET ADDRESS	DEPT A4450-2700 LONE OAK PKWY		STREET ADDRESS	2700 Lone Oak Pkwy	
CITY-ST-ZIP	SAINT PAUL, MN 551211534		CITY-ST-ZIP	Eagan	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, KRISTI K		NAME		
STREET ADDRESS	DEPT A4450-2700 LONE OAK PKWY		STREET ADDRESS	Eagan	
CITY-ST-ZIP	SAINT PAUL, MN 551211534		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL		NAME		
STREET ADDRESS	2700 LONE OAK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	EAGAN, MN 551211534		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, DANIEL B		NAME		
STREET ADDRESS	2700 LONE OAK PARKWAY		STREET ADDRESS	Eagan	
CITY-ST-ZIP	SAINT PAUL, MN 551211534		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

612-726-2340

Date

Daytime Phone #