

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36547

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** NORTHWEST AEROSPACE TRAINING CORPORATION

**Current Principal Place of Business:**

2600 LONE OAK POINT  
EAGAN, MN 55121538 US

**New Principal Place of Business:**

1030 DELTA BLVD  
DEPT 852  
ATLANTA, GA 30354 US

**Current Mailing Address:**

1030 DELTA BLVD.  
DEPT. 852  
ATLANTA, GA 30354 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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BASTIAN, EDWARD H  
Address: 1030 DELTA BLVD, DEPT 852  
City-St-Zip: ATLANTA, GA 30354

Title: D  
Name: HIRST, RICHARD B  
Address: 1030 DELTA BLVD, DEPT 852  
City-St-Zip: ATLANTA, GA 30354

Title: VPTD  
Name: JACOBSON, PAUL A  
Address: 1030 DELTA BLVD, DEPT 852  
City-St-Zip: ATLANTA, GA 30354

Title: AT  
Name: HARTMAN, JOEL L  
Address: 1030 DELTA BLVD, DEPT 852  
City-St-Zip: ATLANTA, GA 30354

Title: S  
Name: ROSSELOT, ALAN T  
Address: 1030 DELTA BLVD, DEPT 852  
City-St-Zip: ATLANTA, GA 30354

I hereby 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 all other like empowered.

SIGNATURE: JOEL L. HARTMAN

AT

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date