

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91514 012 ***150.00

DOCUMENT # P36547
1. Entity Name NORTHWEST AEROSPACE TRAINING CORPORATION

DO NOT WRITE IN THIS SPACE

10089889

2. Principal Place of Business 2600 Lone Oak Pt Suite, Apt. #, etc.	3. Mailing Address 2700 Lone Oak Parkway Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Eagan, MN	City & State Eagan, MN	4. FEI Number 41-1574347	Applied For Not Applicable
Zip 55121	Country USA	Zip 55121-1534	Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
City Plantation	FL Zip Code 33324

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME Timothy J. Rainey	TITLE VP	NAME James G. Mathews
STREET ADDRESS 2700 Lone Oak Parkway	STREET ADDRESS Same as above	STREET ADDRESS Same as above	STREET ADDRESS Same as above
CITY - ST - ZIP Eagan, MN 55121 1534	CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above
TITLE D	NAME Bernard L. Hann	TITLE	NAME
STREET ADDRESS Same as above	STREET ADDRESS Same as above	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above	CITY - ST - ZIP	CITY - ST - ZIP
TITLE D	NAME Richard H. Anderson	TITLE	NAME
STREET ADDRESS Same as above	STREET ADDRESS Same as above	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above	CITY - ST - ZIP	CITY - ST - ZIP
TITLE D	NAME Douglas M. Steenland	TITLE	NAME
STREET ADDRESS Same as above	STREET ADDRESS Same as above	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above	CITY - ST - ZIP	CITY - ST - ZIP
TITLE VPS	NAME Michael L. Miller	TITLE	NAME
STREET ADDRESS Same as above	STREET ADDRESS Same as above	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above	CITY - ST - ZIP	CITY - ST - ZIP
TITLE VPT	NAME Daniel B. Mathews	TITLE	NAME
STREET ADDRESS Same as above	STREET ADDRESS Same as above	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Same as above	CITY - ST - ZIP Same as above	CITY - ST - ZIP	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: James G. Mathews **James G. Mathews** **612-726-2340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vice President

CR2E034B (12/02)