

1.) CORPORATION NAME:

**HELICOPTER ASSOCIATION INTERNATIONAL, INC.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0504987**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1635 PRINCE ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MATTHEW S ZUCCARO TITLE: PRESIDENT ADDRESS: HELICOPTER ASSOC INT'L INC 1635 PRINCE ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD F DICAMPLI TITLE: EVP & CORP SEC ADDRESS: 1635 PRINCE STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROXANNE RENEE FOX TITLE: ASST SECRETARY ADDRESS: 1635 PRINCE ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANTHONY W BURSON TITLE: DIRECTOR ADDRESS: 200 SIGNATURE WAY CITY/ST/ZIP/CO: EAST GRANBY, CT 06026-2510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TORBJORN CORELL TITLE: DIRECTOR ADDRESS: 7000 MERILL AVE BOX 50 BUILDING A-290 CITY/ST/ZIP/CO: CHINO, CA 91710-9097	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER E ERICKSON TITLE: DIRECTOR ADDRESS: 3100 WILLOW SPRINGS RD PO BOX 3247 CITY/ST/ZIP/CO: CENTRAL POINT, OR 97502-0010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAX LYONS DIRECTOR 3565 NE CORNELL RD HILLSBORO, OR 97124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL SCHAAF DIRECTOR 4604 WEST OX RD FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN SONNIER DIRECTOR 121 SW SALMON ST 3WTC0401 PORTLAND, OR 97204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES O WISECUP DIRECTOR 301 S 1200 E UNIT 45 SAINT GEORGE, UT 84790-2001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gale Wilson DIRECTOR P.O. Box 504 Lewiston, ID 83501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lynn D Malmstrom DIRECTOR 4933 Bailey Loop McClellan, CA 95652	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MATTHEW S ZUCCARO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW S ZUCCARO, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/28/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			