

1.) CORPORATION NAME:

HELICOPTER ASSOCIATION INTERNATIONAL, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0504987**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1920 Ballenger Ave

CITY/ST/ZIP: ALEXANDRIA, VA 22314-2898

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 1920 Ballenger Ave CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-2898	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD F DICAMPLI TITLE: EVP & CORP SEC ADDRESS: 1920 Ballenger Ave CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-2898	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROXANNE RENEE FOX TITLE: ASST SECRETARY ADDRESS: 1920 Ballenger Ave CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-2898	<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: MAX LYONS TITLE: DIRECTOR ADDRESS: 3565 NE CORNELL RD CITY/ST/ZIP/CO: HILLSBORO, OR 97124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN D MALMSTROM TITLE: DIRECTOR ADDRESS: 4933 BAILEY LOOP CITY/ST/ZIP/CO: MCCLELLAN, CA 95652	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GALE WILSON TITLE: DIRECTOR ADDRESS: P.O. BOX 504 CITY/ST/ZIP/CO: LEWISTON, ID 83501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES O WISECUP TITLE: DIRECTOR ADDRESS: 301 S 1200 E UNIT 45 CITY/ST/ZIP/CO: SAINT GEORGE, UT 84790-2001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dan Schwarzbach TITLE: DIRECTOR ADDRESS: 8402 Larson CITY/ST/ZIP/CO: Houston, TX 77061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Bjellos TITLE: DIRECTOR ADDRESS: 1512 Perimeter Road CITY/ST/ZIP/CO: Suite 115 West Palm Beach, FL 33406	<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	2/19/2014 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.		