

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212550760

1.) CORPORATION NAME:

**Erickson Air-Crane Incorporated**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1710781**

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: 4701 COX ROAD  
SUITE 301

CITY/ST/ZIP: GLEN ALLEN, VA 23060-6802

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:	UDO RIEDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	5550 SW MACADAM AVENUE STE 200		
CITY/ST/ZIP/CO:	PORTLAND, OR 27239		

NAME:	QUINN MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	757 3RD AVENUE 20TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	CHUCK RYAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/T		
ADDRESS:	5550 SW MACADAM AVENUE STE 200		
CITY/ST/ZIP/CO:	PORTLAND, OR 97239		

NAME:	Kenneth Lau	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5550 SW Macadam Ave Suite 200		
CITY/ST/ZIP/CO:	Portland, OR 97239		

NAME:	Gary Scott	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5550 SW Macadam Ave Suite 200		
CITY/ST/ZIP/CO:	Portland, OR 97239		

NAME: Hank Halter TITLE: DIRECTOR ADDRESS: 5550 SW Macadam Ave Suite 200 CITY/ST/ZIP/CO: Portland, OR 97239	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Meredith Siegfried TITLE: DIRECTOR ADDRESS: 5550 SW Macadam Ave Suite 200 CITY/ST/ZIP/CO: Portland, OR 97239	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: James Welch TITLE: DIRECTOR ADDRESS: 5550 SW Macadam Ave Suite 200 CITY/ST/ZIP/CO: Portland, OR 97239	<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/ UDO RIEDER	UDO RIEDER, P/CEO	3/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		