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ANNUAL REPORT
1995



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95 MAR -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004234 (1)

BAY WEST ENVIRONMENTAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business 5 EMPIRE DR. ST. PAUL MN 55103		2a. Mailing Address 5 EMPIRE DR. ST. PAUL MN 55103		3. Date Incorporated or Qualified 09/15/1993	3a. Date of Last Report 03/01/1994
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 24. Zip 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 41-1234511	Applied For Not Applicable		
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent			
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)			
83.		84. City			
85. Zip Code		FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	DCP ERICKSON, RONDI C 1225 LASALLE AVE., #1508 MINNEAPOLIS MN 55403	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DVSC ERICKSON, DONALD K 195 E. 5TH ST. #1904 ST. PAUL MN	1.2 NAME	
OFFICER	DT ROMANO, RALPH A JR. 12561 DRIFTWOOD LANE APPLE VALLEY MN 55124	1.3 STREET ADDRESS	
OFFICER	D ERICKSON, KENNETH 130 CHARLOTTE PLACE DULUTH MN 55803	1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Sections 1.10.07(3)(b), Florida Statutes. I hereby certify that the information included on this annual report or semi-annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of this corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on any filing with an address.

SIGNATURE: *Ralph Romano Jr.*
Ralph Romano Jr. VP of Finance
2/24/95 (62) 291-0456
040221 FP