

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004234 (1)**

1. Corporation Name

BAY WEST ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

5 EMPIRE DR.
ST. PAUL MN 55103

Mailing Address

5 EMPIRE DR.
ST. PAUL MN 55103

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
03/01/1995

4. FEI Number
41-1234511

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature of the Tax Agent or a duly authorized officer, director, or other person authorized to execute this statement

Signature of Registered Agent (Signature required for all filings)

(CA1)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

DCP
ERICKSON, RONDI C DELETE
1225 LASALLE AVE., #1508
MINNEAPOLIS MN 55403
DVSC DELETE
ERICKSON, DONALD K
195 E. 5TH ST. #1904
ST. PAUL MN
DT DELETE
ROMANO, RALPH A JR.
12561 DRIFTWOOD LANE
APPLE VALLEY MN 55124
D DELETE
ERICKSON, KENNETH
130 CHARLOTTE PLACE
DULUTH MN 55803
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

Change Addition
P/T/D Change Addition
1201 Spoonbill Circle
Eagan, MN 55123
D/V/S Change Addition
13921 Essex Trail
Apple Valley, MN 55124
 Change Addition
 Change Addition
Richard Goring
2205 NE Glen Court
Blue Springs, MO 64014
 Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual 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 12 or Block 13 of this report as an officer, director, or other person authorized to execute this report with an address:

SIGNATURE: *Ralph Romano Jr.* **Ralph Romano Jr.** 2-1-96 (612) 291-0456
V.P. & Secretary

CR2E034 (12/95)