

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1993**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/1/98

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VSD GORING, RICOAHRD	<input checked="" type="checkbox"/> DELETE
NAME	5 EMPIRE DRIVE	
STREET ADDRESS	ST. PAUL MN	
CITY-ST-ZIP		
TITLE	PF ERICKSON, DONALD K	<input type="checkbox"/> DELETE
NAME	5 EMPIRE DRIVE	
STREET ADDRESS	ST. PAUL MN	
CITY-ST-ZIP		
TITLE	TD LARSON, LON S.	<input type="checkbox"/> DELETE
NAME	5 EMPIRE DRIVE	
STREET ADDRESS	ST. PAUL MN	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WOJINSKI, STANLEY F.	
1.3 STREET ADDRESS	4429 Stony meadow	
1.4 CITY-ST-ZIP	Austin, TX 78731	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T/S/D	<input checked="" 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 if appropriate on an alternate business address.

SIGNATURE: *[Signature]* **Lon S. Larson** 3/3/98 602-291-0456

CFR2E034 (10/97)