

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90002 047 ***150.00

A0037704

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000004234 ✓

1. Entity Name
 Bay West Environmental Services, Inc.

Principal Place of Business
 5 Empire Drive
 St. Paul, MN 55703

Mailing Address
 5 Empire Drive
 St. Paul, MN 55703

2. Principal Place of Business
 5 Empire Drive
 Suite, Apt. #, etc.
 St
 City & State
 St. Paul, MN
 Zip
 55703

Country
 USA

3. Mailing Address
 5 Empire Drive
 Suite, Apt. #, etc.
 City & State
 St. Paul, MN
 Zip
 55703

Country
 USA

4. FEI Number
 41-1234511

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT Corporation System
 200 South Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	Stanley F. Wojinski <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Wojinski	5 Empire Drive	NAME	
STREET ADDRESS 4577 Wilson Street	St. Paul, MN 55703	STREET ADDRESS	
CITY-ST-ZIP Minnetonka, MN		CITY-ST-ZIP	
TITLE PD	Donald K. Erickson <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Empire Drive	NAME	
STREET ADDRESS	St. Paul, MN 55703	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	Lon S. Larson <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Empire Drive	NAME	
STREET ADDRESS	St. Paul, MN 55703	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	Martin W. Wangensteen <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Empire Drive	NAME	
STREET ADDRESS	St. Paul, MN 55703	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/5/00 Daytime Phone #: 651-291-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)