

05-30-2002 91600 041 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # ~~99~~ **F93000004234**

1. Entity Name  
**Bay West Environmental Services, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5 Empire Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>5 Empire Drive</b> Suite, Apt. #, etc.	
City & State <b>St. Paul, MN</b>		City & State <b>St. Paul, MN</b>	
Zip <b>55103</b>	Country <b>USA</b>	Zip <b>55103</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>41-1234511</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>CT Corporation System</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>
City <b>Plantation</b>
State <b>FL</b>
Zip Code <b>33324</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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

TITLE <b>President</b>	NAME <b>Donald K. Erickson</b>
STREET ADDRESS <b>5 Empire Drive</b>	CITY-STATE-ZIP <b>St. Paul, MN 55103</b>
TITLE <b>Secretary</b>	NAME <b>Gayle A. Momchilowich</b>
STREET ADDRESS <b>5 Empire Drive</b>	CITY-STATE-ZIP <b>St. Paul, MN 55103</b>
TITLE <b>Treasurer</b>	NAME <b>Lon S. Larson</b>
STREET ADDRESS <b>5 Empire Drive</b>	CITY-STATE-ZIP <b>St. Paul, MN 55103</b>
TITLE <b>VP of Operations</b>	NAME <b>Martin W. Wangensteen</b>
STREET ADDRESS <b>5 Empire Drive</b>	CITY-STATE-ZIP <b>St. Paul, MN 55103</b>
TITLE <b>VP of Sales</b>	NAME <b>Gene A. Kuppenbender</b>
STREET ADDRESS <b>5 Empire Drive</b>	CITY-STATE-ZIP <b>St. Paul, MN 55103</b>
TITLE <b>VP of Federal Programs</b>	NAME <b>Lawrence J. Woscyna</b>
STREET ADDRESS <b>2822 Woodman Tower</b>	CITY-STATE-ZIP <b>Omaha NE 68102</b>

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lon S. Larson** Date: **5/21/02** Daytime Phone #: **651-291-0456**

CR2E034B (12/01)