

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004234

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: BAY WEST ENVIRONMENTAL SERVICES, INC.

**Current Principal Place of Business:**

5 EMPIRE DR.  
ST. PAUL, MN 55103

**New Principal Place of Business:**

**Current Mailing Address:**

5 EMPIRE DR.  
ST. PAUL, MN 55103

**New Mailing Address:**

FEI Number: 41-1234511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BACIG, EDWARD J  
Address: 5 EMPIRE DR  
City-St-Zip: ST PAUL, MN 55103

Title: PTD ( ) Delete  
Name: LARSON, LON S  
Address: 5 EMPIRE DRIVE  
City-St-Zip: ST. PAUL, MN

Title: VD ( ) Delete  
Name: KUPPENBENDER, GENE A  
Address: 5 EMPIRE DRIVE  
City-St-Zip: SAINT PAUL, MN 55103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PTD (X) Change ( ) Addition  
Name: LARSON, LON S  
Address: 5 EMPIRE DRIVE  
City-St-Zip: ST. PAUL, MN 55103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LON S LARSON

PTD

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date