

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000004234

FILED
Apr 24, 2003
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: MONCHILOVICH, GAYLE A
Address: 5 EMPIRE DR
City-St-Zip: ST PAUL, MN 55103

Title: PD () Delete
Name: ERICKSON, DONALD K
Address: 5 EMPIRE DRIVE
City-St-Zip: ST. PAUL, MN

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

Title: VD () Delete
Name: WANGENSTEEN, MARTIN W
Address: 5 EMPIRE DR
City-St-Zip: ST PAUL, FL 55103

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

Title: VD (X) Delete
Name: WOSCYNNA, LAWRENCE J
Address: 2822 WOODMAN TOWER
City-St-Zip: OMAHA, NE 68102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MOMCHILOVICH, GAYLE A
Address: 5 EMPIRE DR
City-St-Zip: ST PAUL, MN 55103

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

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

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 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 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

_____ Electronic Signature of Signing Officer or Director

TD

04/24/2003

_____ Date