

CORPORATION ANNUAL REPORT 1995

Services & Markets
Secretary of State
DIVISION OF CORPORATIONS

REC
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40501 (9)

1. Corporation Name
WYO-BEN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**P.O. BOX 1979
BILLINGS MT 59103**

Mailing Address
**P.O. BOX 1979
BILLINGS MT 59103**

3. Date Incorporated or Qualified
09/15/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21. **21** Suite, Apt. #, etc.

22. **22** City & State

23. **23** Zip

24. **24** Country

25. **25** Country

26. **26** Suite, Apt. #, etc.

27. **27** City & State

28. **28** Zip

29. **29** Country

30. **30** Country

4. FEI Number
81-0291876

Applied For
 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 of registrant

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **-GD-**

NAME **BROWN, KEITH**

STREET ADDRESS **1025 IRIS LANE**

CITY- ST- ZIP **BILLINGS MT**

TITLE **P**

NAME **BROWN, DAVID S.**

STREET ADDRESS **901 OLD PINE DR.**

CITY- ST- ZIP **BILLINGS MT**

TITLE **V**

NAME **AUER, DAVID L.**

STREET ADDRESS **1214 LINHAVEN WAY**

CITY- ST- ZIP **BILLINGS MT**

TITLE **VSD**

NAME **BROWN, ROCKWOOD**

STREET ADDRESS **3028 JOAN LANE**

CITY- ST- ZIP **BILLINGS MT**

TITLE **T**

NAME **BUCKINGHAM DOUGLAS A**

STREET ADDRESS **531 INDIAN TRAIL**

CITY- ST- ZIP **BILLINGS MT**

TITLE **VD**

NAME **BROWN, RICHARD K.**

STREET ADDRESS **1011 YALE**

CITY- ST- ZIP **BILLINGS MT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME **G/D**

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME **S/N/D**

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changed, or in an attachment with an address.

SIGNATURE: *Douglas A. Buckingham* **4/12/95** **(406) 652-6351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DOUGLAS A. BUCKINGHAM** Date Signature