

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P40501 (9)

1. Corporation Name  
**WYO-BEN, INC.**



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

3. Date Incorporated or Qualified **09/15/1992** 3a. Date of Last Report **04/18/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>81-0291876</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, KEITH</b>	1.2 NAME	
STREET ADDRESS	<b>1825 IRIS LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BILLINGS MT</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DAVID S.</b>	2.2 NAME	
STREET ADDRESS	<b>901 OLD PINE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BILLINGS MT</b>	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUER, DAVID L.</b>	3.2 NAME	
STREET ADDRESS	<b>1214 LINHAVEN WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BILLINGS MT</b>	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ROCKWOOD</b>	4.2 NAME	
STREET ADDRESS	<b>3028 JOAN LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BILLINGS MT</b>	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKINGHAM DOUGLAS A</b>	5.2 NAME	
STREET ADDRESS	<b>531 INDIAN TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BILLINGS MT</b>	5.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, RICHARD K.</b>	6.2 NAME	
STREET ADDRESS	<b>1011 YALE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BILLINGS MT</b>	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 119.07(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 on an attachment with an address.

SIGNATURE: *Douglas A. Buckingham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (406)652-6351  
Date Daytime Phone #

CR2E034 (12/95)