## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

WYO-BEN, INC.

CITY-ST-ZIP

P40501

(9)

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 1979 P.O. BOX 1979 BILLINGS MT 59103 BILLINGS MT 59103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 81-0291876 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent . Name and Address of Current Registered Agent C T CORPORATION SYSTEM 81 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 84 City 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 Signature, typod or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition TITL F DELETE 1,1 TITLE BROWN, DAVID S. 1.2 NAME NAME 901 OLD PINE DR. STREET ADDRESS 1.3 STREET ADDRESS **BILLINGS MT** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE AUER, DAVID L. NAME 2.2 NAME 1214 LINHAVEN WAY STREET ADDRESS 2.3 STREET ADDRESS **BILLINGS MT** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BROWN, ROCKWOOD NAME 3.2 NAME 3028 JOAN LANE STREET ADDRESS 3.3 STREET ADDRESS BILLINGS MT CITY-ST-ZIP 3.4. CITY-ST-ZIP DFLETE TITLE 4.1 TITLE Change Addition BUCKINGHAM DOUGLAS A NAME 4. 2 NAME 531 INDIAN TRAIL STREET ADDRESS 4.3 STREET ADDRESS **BILLINGS MT** CITY-ST-ZIP 4.4 CITY-ST-ZIP SVI) DELETE Change Addition TITLE 5.1 TITLE BROWN, RICHARD K. NAME 5.2 NAME **1011 YALE** STREET ADDRESS 5.3 STREET ADDRESS **BILLINGS MT** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP