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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90055 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P40501

1. Corporation Name
WYO-BEN, INC.



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

Mailing Address
P.O. BOX 1979
BILLINGS MT 59103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1992

4. FEI Number
81-0291876

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
 NAME **BROWN, DAVID S.**
 STREET ADDRESS **901 OLD PINE DR.**
 CITY-ST-ZIP **BILLINGS MT**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **AUER, DAVID L.**
 STREET ADDRESS **1214 LINHAVEN WAY**
 CITY-ST-ZIP **BILLINGS MT**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **CD** DELETE
 NAME **BROWN, ROCKWOOD**
 STREET ADDRESS **3028 JOAN LANE**
 CITY-ST-ZIP **BILLINGS MT**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **BUCKINGHAM DOUGLAS A**
 STREET ADDRESS **531 INDIAN TRAIL**
 CITY-ST-ZIP **BILLINGS MT**

4.1 TITLE **V D**
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **SVD** DELETE
 NAME **BROWN, RICHARD K.**
 STREET ADDRESS **1011 YALE**
 CITY-ST-ZIP **BILLINGS MT**

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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, with all other like empowered.

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

4/13/99 (406)652-6351
 Date Daytime Phone #

CR2E034 (1/98)