


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90442 021 ***150.00

DOCUMENT # P40501
 1. Entity Name
WYO-BEN, INC.



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

94065321



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01052004 Chg-P CR2E034 (10/03)
 4. FEI Number **81-0291876** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, DAVID S.	
STREET ADDRESS	4732 SANCTUARY TRAIL	
CITY-ST-ZIP	BILLINGS, MT	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROWN, ROCKWOOD	
STREET ADDRESS	3028 JOAN LANE	
CITY-ST-ZIP	BILLINGS, MT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKINGHAM DOUGLAS A	
STREET ADDRESS	531 INDIAN TRAIL	
CITY-ST-ZIP	BILLINGS, MT	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BROWN, RICHARD K.	
STREET ADDRESS	1011 YALE	
CITY-ST-ZIP	BILLINGS, MT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas A. Buckingham **4/22/04** **(406)652-6351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DOUGLAS A. BUCKINGHAM VP-FINANCE