

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40501

Entity Name: WYO-BEN, INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

1345 DISCOVERY DRIVE
BILLINGS, MT 59102

New Principal Place of Business:

Current Mailing Address:

1345 DISCOVERY DRIVE
BILLINGS, MT 59102

New Mailing Address:

PO BOX 1979
BILLINGS, MT 59103

FEI Number: 81-0291876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, DAVID S.,
Address: 4732 SANCTUARY TRAIL
City-St-Zip: BILLINGS, MT

Title: CD () Delete
Name: BROWN, ROCKWOOD,
Address: 3028 JOAN LANE
City-St-Zip: BILLINGS, MT

Title: V () Delete
Name: BUCKINGHAM DOUGLAS A,
Address: 531 INDIAN TRAIL
City-St-Zip: BILLINGS, MT

Title: SVD () Delete
Name: BROWN, RICHARD K.,
Address: 1011 YALE
City-St-Zip: BILLINGS, MT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MALIN, LEONARD G.,
Address: 2211 PATRICIA LANE
City-St-Zip: BILLINGS, MT 59102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S BROWN

P

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date