

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40501

Entity Name: WYO-BEN, INC.

Current Principal Place of Business:

1345 DISCOVERY DRIVE
BILLINGS, MT 59102

Current Mailing Address:

PO BOX 80687
BILLINGS, MT 59108-0687 US

FEI Number: 81-0291876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT; DIRECTOR
Name BROWN, DAVID S.
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102

Title CHAIRMAN; DIRECTOR
Name BROWN, ROCKWOOD
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102

Title VP- FINANCE; TREASURER
Name MALIN, LEONARD G
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102

Title VP- RESOURCES; SECRETARY
Name BROWN, RICHARD K
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102

Title VP- MARKETING
Name MAGSTADT, RICK
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102

Title VP- SALES
Name WORNOM, JOHN
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102

Title DIRECTOR
Name ANTONY, STEPHEN P
Address 225 UNION BLVD
 SUITE 600
City-State-Zip: LAKEWOOD CO 80228

Title DIRECTOR
Name GARTH, MARK A
Address 26468 KENSINGTON LANE
City-State-Zip: SALISBURY MD 21801

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I hereby 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 all other like empowered.

SIGNATURE: SHERILL FRICKLE

TAX MANAGER

03/02/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GATZEMEIER, PAUL
Address 2702 MONTANA AVENUE
SUITE 201
City-State-Zip: BILLINGS MT 59106

Title DIRECTOR
Name KEMP III, WADE O
Address 1375 BALTIMORE ROAD
City-State-Zip: SHIPPENBURG PA 17257

Title DIRECTOR
Name BIXBY, BRADLEY
Address 1345 DISCOVERY DRIVE
City-State-Zip: BILLINGS MT 59102