

**2019 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- RESOURCES; SECRETARY  
Name            BROWN, RICHARD K  
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            GARTH, MARK A  
Address        26468 KENSINGTON LANE  
City-State-Zip: SALISBURY MD 21801

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

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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

01/28/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title VP-FINANCE; TREASURY  
Name HAVLIN, JOSEPH  
Address 1345 DISCOVERY DRIVE  
City-State-Zip: BILLINGS MT 59102