

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005297

FILED  
Feb 04, 2010  
Secretary of State

**Entity Name:** BETTER BUSINESS SYSTEMS, INC

**Current Principal Place of Business:**

550 SOUTH 24TH STREET WEST, SUITE 201  
BILLINGS, MT 59102

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 81590  
BILLINGS, MT 59108

**New Mailing Address:**

**FEI Number:** 81-0509024

**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: CVP  
Name: CHRANS, WILLIS  
Address: 2600 NOGALLES WAY  
City-St-Zip: GILLETTE, WY 82717

Title: PD  
Name: GEIGER, ARTHUR L  
Address: 4356 RIDGEWOOD LANE S  
City-St-Zip: BILLINGS, MT 59106

Title: STD  
Name: BENTLEY, STEVE  
Address: 5140 CLAPPER FLAT RD  
City-St-Zip: LAUREL, MT 59044

Title: D  
Name: BALSTER, KENNETH  
Address: 5241 ROCKY MOUNTAIN BLVD  
City-St-Zip: BILLINGS, MT 59106

Title: D  
Name: REILE, DONALD  
Address: 1059 GOVERNORS BLVD  
City-St-Zip: BILLINGS, MT 59105

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: STEVEN BENTLEY

SEC

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date