

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003062

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: ISLE OF CAPRI CASINOS, INC.

**Current Principal Place of Business:**

600 EMERSON RD.  
SUITE 300  
ST. LOUIS, MO 63141 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 EMERSON RD.  
SUITE 300  
ST. LOUIS, MO 63141 US

**New Mailing Address:**

FEI Number: 41-1659606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDOWELL, VIRGINIA  
Address: 600 EMERSON ROAD  
City-St-Zip: ST. LOUIS, MO 63141 US

Title: D CH  
Name: PERRY, JAMES  
Address: 600 EMERSON ROAD, SUITE 300  
City-St-Zip: ST. LOUIS, MO 63141 US

Title: SVP  
Name: QUATMANN, JR., EDMUND L  
Address: 600 EMERSON ROAD, SUITE 300  
City-St-Zip: ST. LOUIS, MO 63141 US

Title: D VC  
Name: GOLDSTEIN, ROBERT  
Address: 700 OFFICE PARKWAY  
City-St-Zip: ST. LOUIS, MO 63141

Title: SVP  
Name: BLACK, DALE  
Address: 600 EMERSON ROAD  
City-St-Zip: ST. LOUIS, MO 63141

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: EDMUND L. QUATMANN, JR.

SVP

01/05/2011

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

\_\_\_\_\_ Date