

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003062

FILED
Jan 04, 2012
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 M
Address: 600 EMERSON ROAD
City-St-Zip: ST. LOUIS, MO 63141 US

Title: COO
Name: BLOCK, ARNOLD L
Address: 600 EMERSON ROAD, SUITE 300
City-St-Zip: ST. LOUIS, MO 63141 US

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

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

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.

CLO

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date