

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006664 (4)

1. Corporation Name  
SHUFFLE MASTER, INC.



Principal Place of Business

Mailing Address

10901 VALLEY VIEW RD  
MINNEAPOLIS MN 55344

10901 VALLEY VIEW RD  
MINNEAPOLIS MN 55344-3730

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/19/1996

3a. Date of Last Report

N/A

4. FEI Number

APPLIED FOR 41-1448495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BREEDING, JOHN G	
STREET ADDRESS	10901 VALLEY VIEW RD	
CITY - ST - ZIP	MINNEAPOLIS MN 55344	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREEDING, DIANE L	
STREET ADDRESS	10901 VALLEY VIEW RD	
CITY - ST - ZIP	MINNEAPOLIS MN 55344	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	LAHTI, JOSEPH J	
STREET ADDRESS	10901 VALLEY VIEW RD	
CITY - ST - ZIP	MINNEAPOLIS MN 55344	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAHTI, JOSEPH J	
STREET ADDRESS	10901 VALLEY VIEW RD	
CITY - ST - ZIP	MINNEAPOLIS MN 55344	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NIEMAN, THOMAS S	
STREET ADDRESS	1108 PALMS AIRPORT DR	
CITY - ST - ZIP	LAS VEGAS NV 89119	
TITLE	COOV	<input type="checkbox"/> DELETE
NAME	YOUNG, ROGER D	
STREET ADDRESS	10901 VALLEY VIEW RD	
CITY - ST - ZIP	MINNEAPOLIS MN 55344	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Director Since 05/93 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	Griffin, Gary W.
6.4 CITY - ST - ZIP	5205 York Avenue South Minneapolis, MN 55410

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Lahti, President/CEO

April 9, 1997

Date

612-943-1951

Daytime Phone • 0011146

CR2E034 (9/96)