Mailing Address

· PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006664

1. Corporation Name

Principal Place of Business

SHUFFLE MASTER, INC.

1106 PALMS AIRPORT DR. LAS VEGAS NV 89119 US		1106 PALMS AIRPORT DR. LAS VEGAS NV 89119 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/19/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	applied For
21		26		41-1448495	\ \ \ \	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u>_</u>	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country Zip		Country		8. This corporation owes the current year Int	angible	
24	25	29 30	ا ا		Personal Property Tax.		
27	9. Name and Address of Current	<u> </u>	<u>' </u>		10. Name and Address of New Registered	Agent	
			81	Name			ļ
CT	CORPORATION SYSTEM		82 Street Ad		Address (P.O. Box Number is Not Acceptable)		
1200	SOUTH PINE ISLAND ROAD		84	Street	Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83				
			84	City	FL	85 Zip	Code '
				<u> </u>		<u> </u>	
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS			13.	ini signature (ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	COB	DELETE	1.1 TITLE		I V	☐ Change	
NAME	LAHTI, JOSEPH J	<u> </u>	1.2 NAME		CFO T VP S Gary W. Griffin		
	-			T ADDRESS	1		
STREET ADDRESS	10901 VALLEY VIEW RD	•	i		10901 Valley View Road		
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	☐ DELETE	1.4 CITY-: 2.1 TITLE	SI-ZIP	Eden Prairie, MN 55344 Vice President of Sales	☐ Change	Addition
TITLE	EVPO	C Deterie	ł ·			— ··· •	
NAME	YOSELOFF, MARK L		2.2 NAME		Stephen Sutherland		
STREET ADORESS	1106 PALMS AIRPORT DR		1	T ADDRESS	1106 Palms Airport Drive		
CITY-ST-ZIP	LAS VEGAS NV 89119		2. 4 CITY-	ST-ZIP	Las Vegas, NV 89119	Change	Addition
TITLE	CEOP	☐ DELETE	3,1 TITLE		Vice President of Marketing	, La change	ESI AUGILION
NAME	Lahti, Joseph J		3.2 NAME		R. Brooke Dunn		Ì
STREET ADDRESS	10901 VALLEY VIEW RD		3.3 STREE	TADDRESS	1106 Palms Airport Drive		
CITY-ST-ZIP	MINNEAPOLIS MN 55344		3.4. CITY-	ST-ZIP	Las Vegas, NV 89119		53. • 100
TITLE	CFOT	□¥ DELETE	4.1 TITLE		Outside Director	Change	e ⊠ Addition l
NAME	GRIFFIN, GARY W		4. 2 NAME	i	Thomas A. Sutton		
STREET ADORESS	10901 VALLEY VIEW RD		4.3 STREE	TADDRESS	20330 Knightbridge Road		
CITY-ST-ZIP	EDEN PRAIRIE MN 55344		4.4 CITY-	ST-ZIP	Shorewood, MN 55331		
TITLE	VP	: 🔯 DELETE	5.f TTTLE		Outside Director	Change	Addition
NAME	MILLER, VAN J		5.2 NAME		Patrick R. Cruzen		
STREET ADORESS	10901 VALLEY VIEW RD		5.3 STREE	T ADDRESS	13705 First Avenue North		
CITY-ST-ZIP	EDEN PRAIRIE MN 55344		5.4 CITY-	ST-ZIP	Plymouth, MN 55441		
TITLE	VPC		6.1 TITLE			Change	e
NAME	DALLIA IOUN A		6.2 NAME				

EDEN PRAIRIE MN 55344 14. I 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 suppliemental 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP

RAHJA, JOHN A

10901 VALLEY VIEW RD

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90080 038 ***150.00