

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006664

Entity Name: SHUFFLE MASTER, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

1106 PALMS AIRPORT DR.
LAS VEGAS, NV 89119 US

New Principal Place of Business:

Current Mailing Address:

1106 PALMS AIRPORT DR.
LAS VEGAS, NV 89119 US

New Mailing Address:

FEI Number: 41-1448495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: COB () Delete
Name: YOSELOFF, MARK L
Address: 1106 PALMS AIRPORT DR
City-St-Zip: LAS VEGAS, NV 89119

Title: COO () Delete
Name: MEYER, PAUL C
Address: 1106 PALMS AIRPORT DR
City-St-Zip: LAS VEGAS, NV 89119

Title: CFO () Delete
Name: BALDWIN, RICHARD L
Address: 1106 PALMS AIRPORT DR
City-St-Zip: LAS VEGAS, NV 89119

Title: OD () Delete
Name: SAUNDERS, GARRY W
Address: 9004 PLAYERS CLUB DR
City-St-Zip: LAS VEGAS, NV 89134

Title: OD (X) Delete
Name: ROBSON, KENNETH J
Address: 220 E FLAMINGO RD, #425
City-St-Zip: LAS VEGAS, NV 89119

Title: OD () Delete
Name: CASTLE II, LOUIS J
Address: 225 S ROYAL ASCOT DR
City-St-Zip: LAS VEGAS, NV 89144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL MEYER

COO

01/08/2007

Electronic Signature of Signing Officer or Director

Date