

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003062

**Entity Name:** ISLE OF CAPRI CASINOS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 41-1659606

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title P/CEO/D  
Name MCDOWELL, VIRGINIA M  
Address 600 EMERSON RD.  
SUITE 300  
City-State-Zip: ST. LOUIS MO 63141  
  
Title CLO  
Name QUATMANN, EDMUND LJR  
Address 600 EMERSON ROAD, SUITE 300  
City-State-Zip: ST. LOUIS MO 63141

Title COO  
Name BLOCK, ARNOLD L  
Address 600 EMERSON ROAD, SUITE 300  
City-State-Zip: ST. LOUIS MO 63141  
  
Title CFO  
Name HAUSLER, ERIC L  
Address 600 EMERSON ROAD  
City-State-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.

**CHIEF LEGAL  
OFFICER/SECRETARY**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date