FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 20 1996 8:00 am
Secretary of State

DOCUMENT # 178834 (8)

1. Corporation Name

VOLUSIA JAI-ALAI INC.

Principal Place of Business	Mailing Address
438 MAIN ST. BUFFALO NY 14202	438 MAIN ST. BUFFALO NY 14202

3. Date Incorporated or Qualified: 05/21/1954
3a. Date of Last Report: 05/01/95

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 22-1633473 ☐ 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

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

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 Diane C. Spears — DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	COB/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SULTEMEIER, RONALD A.		1.2 NAME	
STREET ADDRESS	438 MAIN ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 14202		1.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLSEN, HARRY		2.2 NAME	
STREET ADDRESS	438 MAIN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 14202		2.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, DAVID J.G.		3.2 NAME	
STREET ADDRESS	438 MAIN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 14202		3.4 CITY-ST-ZIP	
TITLE	ASD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, DIANE C.		4.2 NAME	
STREET ADDRESS	438 MAIN ST		4.3 STREET ADDRESS	400001788074
CITY-ST-ZIP	BUFFALO, NY 14202		4.4 CITY-ST-ZIP	-04/22/96--01020--014
TITLE	D	☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME	BISSETT, WILLIAM J.		5.2 NAME	
STREET ADDRESS	438 MAIN ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 14202		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Diane C. Spears — AST. SECRETARY — 4/ 11/96 — (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #