2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 820956

Entity Name: COIN ACCEPTORS, INC.

FILED Oct 11, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
300 HUNTER AVE ST LOUIS, MO 631242013				300 HUNTER AVE ST LOUIS, MO 63124		
Current M	ailing Addres	s:		New Mailing Address:		
300 HUNTER AVE ST LOUIS, MO 631242013				300 HUNTER AVE ST LOUIS, MO 63124		
FEI Number:	43-0743023	FEI Number Applied For ()	FEI Nun	nber Not Appli	olicable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
1200 S. PII PLANTATI		DAD US	ırpose o	f changing it	its registered office or registered agent, or both,	
		OLIZA				
SIGNATUR	RE: PETER S	ic Signature of Registered Ager	nt		 Date	
Election Can		S(2)(b), F.S., the corporation did not Trust Fund Contribution(). FORS:	receive t	•	ce. NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	T () THOMPSON, KE 300 HUNTER AV SAINT LOUIS, M	/E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CVGC () DAVIS, STEVEN 300 HUNTER AV SAINT LOUIS, M	/E		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () LABRIER, LARF 300 HUNTER AV SAINT LOUIS, M	/E		Title: Name: Address: City-St-Zip:	VC (X) Change () Addition LEVASSEUR, JOSEPH L 300 HUNTER AVE SAINT LOUIS, MO 63124	
Title: Name: Address: City-St-Zip:	VNS () JOHNSON, WIL 300 HUNTER AV SAINT LOUIS, M	/E		Title: Name: Address: City-St-Zip:	VS (X) Change () Addition JOHNSON, WILLIAM 300 HUNTER AVE SAINT LOUIS, MO 63124	
Title: Name: Address: City-St-Zip:	EV () CONDIE, PARK 300 HUNTER AV SAINT LOUIS, M	/E		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CONDIE, PARKER JR 300 HUNTER AVE SAINT LOUIS, MO 63124	
Title: Name: Address: City-St-Zip:	VM () PETERSON, WI 300 HUNTER AN SAINT LOUIS, M	/E		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA RIVERA SA 10/11/2005