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Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **826684** **(3)**

1. Corporation Name
NAMCO CYBERTAINMENT, INC.

Principal Place of Business	Mailing Address
877 SUPREME DR BENSENVILLE IL 60106 US	877 SUPREME DR BENSENVILLE IL 60106 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/27/1971

4. FEI Number
36-2718358
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, KEVIN		1.2 NAME		
STREET ADDRESS	877 SUPREME DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BENSENVILLE IL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, RICHARD		2.2 NAME		
STREET ADDRESS	877 SUPREME DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BENSENVILLE IL		2.4 CITY-ST-ZIP		
TITLE	VTSD	☐ DELETE	3.1 TITLE	VTD	☒ Change ☐ Addition
NAME	PELAFAS, WILLIAM		3.2 NAME		
STREET ADDRESS	877 SUPREME DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BENSENVILLE IL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VPS	☐ Change ☒ Addition
NAME			4.2 NAME	STEVENS, RONALD	
STREET ADDRESS			4.3 STREET ADDRESS	877 SUPRIME DR.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BENSENVILLE, IL.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (10/97)

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 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: RDS VP 1/1/98 630-238-7200