

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90023 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 849978**

1. Corporation Name  
**AUTOTOTE SYSTEMS, INC.**

Principal Place of Business

**100 BELLEVUE ROAD  
NEWARK DE 19714-6009**

Mailing Address

**100 BELLEVUE ROAD  
NEWARK DE 19714-6009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/10/1981**

4. FEI Number

**51-0258091**

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

7. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIL, RICHARD M	
STREET ADDRESS	410 E 73RD ST	
CITY-ST-ZIP	NY NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SYLVANUS, FREDERICK	
STREET ADDRESS	35 RAPHAEL RD	
CITY-ST-ZIP	HOCKESSIN DE	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DISTEFANO, WILLIAM A.	
STREET ADDRESS	869 PENNS WAY	
CITY-ST-ZIP	W. CHESTER PA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WEIL, A L	
STREET ADDRESS	888 SEVENTH AVE	
CITY-ST-ZIP	NY NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHLOSS, MARTIN E	
STREET ADDRESS	869 PRESIDENT ST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	BROOKS H. PIERCE	
STREET ADDRESS	412 BARTRAM LANE	
CITY-ST-ZIP	HOCKESSIN, DE 19707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERARD SCHEINBACH	
1.3 STREET ADDRESS	1 SPRING BROOK LANE	
1.4 CITY-ST-ZIP	NEWARK, DE 19711	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID PYE	
2.3 STREET ADDRESS	15 WILKINSON DR	
2.4 CITY-ST-ZIP	LANDENBERG, PA 19350	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

4-28-99

Date

(302) 452-5337

Daytime Phone #

CR2E034 (11/98)