2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000007187

1. Entity Name
CASH SYSTEMS, INC.

Principal Place of Business
7350 DEAN MARTIN DRIVE, SUITE 309
LAS VEGAS, NV 89139

Mailing Address
7350 DEAN MARTIN DRIVE, SUITE 309
LAS VEGAS, NV 89139

01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0398535
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUMBOLZ, MICHAEL D
STREET ADDRESS	7350 MARTIN DRIVE, SUITE 309
CITY-ST-ZIP	LAS VEGAS, NV 89139
TITLE	S
NAME	GILLILAN, CARMALEN
STREET ADDRESS	7350 DEAN MARTIN DRIVE, SUITE 309
CITY-ST-ZIP	LAS VEGAS, NV 89139
TITLE	T
NAME	CASHIN, ANDREW J
STREET ADDRESS	7350 DEAN MARTIN DRIVE, SUITE 309
CITY-ST-ZIP	LAS VEGAS, NV 89139
TITLE	ID
NAME	BECKER, PATRICIA W
STREET ADDRESS	7350 MARTIN DRIVE, SUITE 309
CITY-ST-ZIP	LAS VEGAS, NV 89139
TITLE	ID
NAME	CRUZEN, PATRICK
STREET ADDRESS	7350 MARTIN DRIVE, SUITE 309
CITY-ST-ZIP	LAS VEGAS, NV 89139
TITLE	ID
NAME	SNYDER, DONALD
STREET ADDRESS	7350 DEAN MARTIN DRIVE, SUITE 309
CITY-ST-ZIP	LAS VEGAS, NV 89139

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmalen Gillilan CARMALEN 1/22/08 702-987-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #