

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002655

Entity Name: POKERTEK, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1150 CREWS ROAD
SUITE F
MATTHEWS, NC 28106

Current Mailing Address:

1150 CREWS ROAD
SUITE F
MATTHEWS, NC 28106

New Principal Place of Business:

1150 CREWS ROAD
SUITE F
MATTHEWS, NC 28105

New Mailing Address:

1150 CREWS ROAD
SUITE F
MATTHEWS, NC 28105

FEI Number: 61-1455265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BERMAN, LYLE A
Address: 130 CHESHIRE LANE #101
City-St-Zip: MINNETONKA, MN 55305

Title: D () Delete
Name: LAHTI, JOSEPH J
Address: 2975 SOMERSET LANE
City-St-Zip: LONG LAKE, MB 55356

Title: D () Delete
Name: LOMAX, ARTHUR L
Address: 2468 PENIEL RD
City-St-Zip: TRYON, NC 28782

Title: PCEO () Delete
Name: HALLIGAN, CHRISTOPHER J
Address: 1150 CREWS ROAD, SUITE F
City-St-Zip: MATTHEWS, NC 28105

Title: VPP () Delete
Name: CRAWFORD, JAMES T III
Address: 1150 CREWS ROAD, SUITE F
City-St-Zip: MATTHEWS, NC 28105

Title: SCFO () Delete
Name: ROBERSON, MARK D
Address: 1150 CREWS ROAD, SUITE F
City-St-Zip: MATTHEWS, NC 28105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAHTI, JOSEPH J
Address: 2975 SOMERSET LANE
City-St-Zip: LONG LAKE, MN 55356

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES T CRAWFORD III

VPP

01/14/2009

Electronic Signature of Signing Officer or Director

Date