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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F92000000682 (6) DOCUMENT #

Country

9. Name and Address of Current Registered Agent

IGT (INC)

Principal Place of Business

2. Principal Place of Business

KARRELS, EUGENE 2648 W. 84TH STREET

HIALEAH FL 33016

Sulte, Apt. #, etc.

City & State

Zip

24

8295 PROTOTYPE DRIVE

RENO NV 89511

Mailing Address 9295 PROTOTYPE DRIVE **RENO NV 89511**

2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Feb 09 1998 8:00am Secretary of State



	DO NOT WRIT		S SPACE				
	 Date Incorporated or Qualified 12/14/1992 						
	4. FEI Number			Applied For			
	88-0062109			Not Applicable			
	5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees				
	Election Campaign Financing Trust Fund Contribution						
	8. This corporation owes or has p Personal Property Tax due Jun		current year	Intangible No			
10. Name and Address of New Registered Agent							
Name Karı	rels, Eugene						
Street Addres	ss (P.O. Box Number is Not Accepte L Executive Way	able)					

Zip Code 33025 Miramar 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 agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered

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Country

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 it applica-	ble (NOTE Be	eg stered Agent signature	required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A					
TITLE	C	DELETE	1.1 TITLE	Chairman	Change XX	Addition			
NAME	MATTHEWSON, CHARLES N		1.2 NAME	Mathewson, Chairman					
STREET ADDRESS	\$20.8×80CKBbV9×		1.3 STREET ADDRESS	9295 Prototype Dr.					
CITY-ST-ZIP	RENO NV 89502		1.4 CITY-ST-ZIP	Reno, NV 89511					
TITLE	D	☐ DELETE	2.1 TITLE	Director	XX Change	Addition			
NAME	PIKE, RAYMOND D		2.2 NAME	Pike. Raymond D.					
STREET ADDRESS	628 8>AOSKBLVD×		2.3 STREET ADDRESS	9295 Prototype Dr.					
CITY-ST-ZIP	RENI9 MX 89502×		2. 4 CITY- ST- ZIP	Reno, NV 89511 President/COO/Director		1 1 1 1 1 1 1 1 1			
TITLE	•	XX DELETE	3.1 TITLE		Unange	Addition			
NAME	BITTMAN, ROBERT A		3.2 NAME	Baker, G. Thomas					
STREET ADDRESS	520 S. ROCK BLVD		3.3 STREET ADDRESS	9295 Prototype Dr.					
CITY-ST-ZIP	RENO NV 89502		3.4. CITY - ST - ZIP	Reno, NV 89511		1			
TITLE	**	XX DELETE	4.1 TITLE	V.P/Secretary/Treasure	Change الماعد	☐ Addition			
NAME	BROWN, MICHAEL D		4. 2 NAME	McKay, Brian					
STREET ADDRESS	520 S. ROCK BLVD		4.3 STREET ADDRESS	9295 Prototype Dr.					
CITY-ST-ZIP	RENO NV 89502		4.4 CITY-ST-ZIP	Reno, NV 89511					
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREET ADDRESS			1			
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			•			

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 chances for on a state of the corporation of the receiver of 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 chances for on a state of the corporation of the receiver of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

Brian McKay

tr Di/Goa/Tread

1/30/08

(702) 448-1444