FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:48

DOCUMENT # F93000004868 (6)

1. Corporation Name
MIKOHN GAMING CORPORATION

Principal Place of Business	Mailing Address
6700 S. PARADISE RD. SUITE E LAS VEGAS NV 89119	6700 S. PARADISE RD. SUITE E LAS VEGAS NV 89119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21 1045 Palms Airport Drive
Suite, Apt. #, etc. 22
City & State 23: Las Vegas NV
Zip 24: 89119 Country 25: USA

2a. Mailing Address
26 P.O. Box 98686
Suite, Apt. #, etc. 27
City & State 28: Las Vegas NV
Zip 29: 89119 Country 30: USA

4. FEI Number: 88-0218876 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	President,CEO	☒ Change ☐ Addition
NAME	THOMPSON, DAVID J	1.2 NAME		
STREET ADDRESS	7452 ORANGE HAZE WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV 89129	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	OLIVER, TERRANCE W	2.2 NAME	Oliver, Terrance W.	
STREET ADDRESS	1099 NOVELLY DR.	2.3 STREET ADDRESS	1550 Del Monte Drive	
CITY-ST-ZIP	RENO NV 89503	2.4 CITY-ST-ZIP	Reno NV 89511	
TITLE	VD	3.1 TITLE	Vice President- Production	☒ Change ☐ Addition
NAME	PETERSON, BRUCE E.	3.2 NAME		
STREET ADDRESS	10105 PINE CANYON RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BLACK HAWK SD	3.4 CITY-ST-ZIP	Black Hawk South Dakota 57718	
TITLE	VD	4.1 TITLE	Vice President-Sales	☒ Change ☐ Addition
NAME	GARCIA, DENNIS A.	4.2 NAME	Garcia, Dennis A.	
STREET ADDRESS	4695 CANYON DR.	4.3 STREET ADDRESS	1740 Catalpa Lane	
CITY-ST-ZIP	RENO NE	4.4 CITY-ST-ZIP	Reno NV 89511	
TITLE	VT	5.1 TITLE	Vice President/CFO/Treasurer	☒ Change ☐ Addition
NAME	RADCLIFFE, RONALD J.	5.2 NAME		
STREET ADDRESS	2116 PLAZA DEL DIOS	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV	5.4 CITY-ST-ZIP	Las Vegas NV 89102	
TITLE		6.1 TITLE	V.P./Secretary/Gen. Counsel	☐ Change ☒ Addition
NAME		6.2 NAME	McCrea Jr.,Charles H.	
STREET ADDRESS		6.3 STREET ADDRESS	2816 La Canita Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Las Vegas NV 89120	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the document with no address.

SIGNATURE: _____ Charles H. McCrea Jr. V.P./Secretary/Gen.Counsel
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Date: 1/13/95
Daytime Phone #: (702) 896-3890

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