FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F93000004868 (6)

1. Corporation Name
MIKOHN GAMING CORPORATION

Principal Place of Business
1045 PALMS AIRPORT DRIVE
LAS VEGAS NV 89119
US

Mailing Address
P.O. BOX 98686
LAS VEGAS NV 89119
US

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 02/01/1995
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

2. Principal Place of Business
21 ______
Suite, Apt. #, etc.
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address
26 ______
Suite, Apt. #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	THOMPSON, DAVID J		1.2 NAME		
STREET ADDRESS	7452 ORANGE HAZE WAY		1.3 STREET ADDRESS	35 Ventana Canyon Drive	
CITY-ST-ZIP	LAS VEGAS NV		1.4 CITY-ST-ZIP	Las Vegas, NV 89113	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	OLIVER, TERRANCE W		2.2 NAME		
STREET ADDRESS	1550 DEL MONTE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RENO NV		2.4 CITY-ST-ZIP	89511	
TITLE	V	☐ DELETE	3.1 TITLE	V/D	☒ 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	57718	
TITLE	V	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GARCIA, DENNIS A.		4.2 NAME		
STREET ADDRESS	1740 CATALPA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RENO NE		4.4 CITY-ST-ZIP	89511	
TITLE	VCT	☒ DELETE	5.1 TITLE	P/D	☐ Change ☒ Addition
NAME	RADCLIFFE, RONALD J.		5.2 NAME	Richard H. Irvine	
STREET ADDRESS	2116 PLAZA DEL DIOS		5.3 STREET ADDRESS	1055 Silver Fox Circle	
CITY-ST-ZIP	LAS VEGAS NV		5.4 CITY-ST-ZIP	Verdi, NV 89439	
TITLE	VS	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	MCCREA, CHARLES H		6.2 NAME		
STREET ADDRESS	2816 LA CASITA AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		6.4 CITY-ST-ZIP	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)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 Date (702) 263-2514 Daytime Phone #

CR2E034 (12/95)