

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004868

Entity Name  
MIKOHIN GAMING CORPORATION

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90158 028 \*\*\*150.00

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

Mailing Address  
P.O. BOX 96686  
LAS VEGAS NV 89193-8686  
US

Principal Place of Business  
920 Pilot Road  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Las Vegas

City & State

Zip  
89119

Country

4. FEI Number  
88-0218876

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

NAME	DELETE
CPD THOMPSON, DAVID J 35 VENTANA CANYON DRIVE LAS VEGAS NV	<input type="checkbox"/>
D OLIVER, TERRANCE W 1550 DEL MONTE DRIVE RENO NV	<input type="checkbox"/>
D PETERSON, BRUCE E. 101 LAKE PLACE PIERRE SD	<input type="checkbox"/>
VD GARCIA, DENNIS A. 2051 WAVERLY CIRCLE HENDERSON NV	<input type="checkbox"/>
VS MCCREA, CHARLES H JR 2816 LA CASITA AVENUE LAS VEGAS NV	<input type="checkbox"/>
	<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)