

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 049 ***150.00

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1. Entity Name
MIKOHN GAMING CORPORATION



Principal Place of Business
**920 PILOT RD
LAS VEGAS, NV 89119 US**

Mailing Address
**P.O. BOX 98686
LAS VEGAS, NV 89193-8686 US**

30009053



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
88-0218876

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **BOYNTON, PETER G**
STREET ADDRESS **215 S MEDDOW RD**
CITY-ST-ZIP **GLENBROOK, NV 89143**

TITLE **C** ☒ Change ☐ Addition
NAME **Boynton, Peter G.**
STREET ADDRESS **215 S. Meadow Road**
CITY-ST-ZIP **Glenbrook, NV 89413**

TITLE **D** ☐ Delete
NAME **SMITH, RICK**
STREET ADDRESS **730 SHARON AVE**
CITY-ST-ZIP **HILLSBOROUGH, CA 94010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OLIVER, TERRANCE**
STREET ADDRESS **1550 DEL MONTE DR**
CITY-ST-ZIP **RENO, NV 89511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PARENTS, ROBERT**
STREET ADDRESS **9516 CATALINA COVE CIRCLE**
CITY-ST-ZIP **LAS VEGAS, NV 89147**

TITLE **V** ☒ Change ☐ Addition
NAME **Parente, Robert**
STREET ADDRESS **2240 Villefort Ct.**
CITY-ST-ZIP **Las Vegas, NV 89117**

TITLE **V** ☐ Delete
NAME **DREITZO, MICHAEL**
STREET ADDRESS **2536 SILVER BEACH DR**
CITY-ST-ZIP **HENDERSON, NV 89074**

TITLE **V** ☒ Change ☐ Addition
NAME **Dreitzer, Michael**
STREET ADDRESS **2536 Silver Beach Dr.**
CITY-ST-ZIP **Henderson, NV 89052**

TITLE ☐ Delete
NAME **PCEO**
STREET ADDRESS **MCMEEKIN, RUSSEL**
CITY-ST-ZIP **2857 TURTLE HEAD PEAK DRIVE
LAS VEGAS, NV 89135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Michael Dreitzer

Date

Daytime Phone #

(702) 896-3890