

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90113 016 ***150.00

DOCUMENT # F93000004868



1. Entity Name
MIKOHIN GAMING CORPORATION

Principal Place of Business
**920 P LOT RD
LAS VEGAS NV 89119
US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**CPD
THOMPSON, DAVID J
35 VENTANA CANYON DRIVE
LAS VEGAS NV**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President, Chief Executive Officer
Russell McMeekin
2857 Turtle Head Peak Drive
Las Vegas, NV 89135-1643**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
OLIVER, TERRANCE W
1550 DEL MONTE DRIVE
RENO NV**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Director
Thompson, David J
35 Ventana Canyon Drive
Las Vegas, NV**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PETERSON, BRUCE E.
101 LAKE PLACE
PIERRE SD**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Assistant Treasurer
Dennis Van Hook
1813 Crystal Blenct.
Las Vegas, NV 89117**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
GARCIA, DENNIS A.
2051 WAVERLY CIRCLE
HENDERSON NV**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VS Charles
MCCREA, CHARLSE H JR
2816 LA CASITA AVENUE
LAS VEGAS NV**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/02)