4-26-05; 2:47PM;MGM MIRAGE

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90506 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001917

1. Entity Name
DESTRON, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3600 Las Vegas Blvd. South	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Las Vegas, NV	City & State
Zip: 89109 Country: USA	Zip Country

4. FEI Number: 88-0234293 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

City: Plantation FL Zip Code: 33324

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

January 1- May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Moon, Robert V.
STREET ADDRESS	3799 Las Vegas Blvd. South
CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	T/D
NAME	Murren, James J.
STREET ADDRESS	3799 Las Vegas Blvd. South
CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	S/D
NAME	Jacobs, Gary N.
STREET ADDRESS	3799 Las Vegas Blvd. South
CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	AS
NAME	Wright, Bryan
STREET ADDRESS	3799 Las Vegas Blvd. South
CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	D
NAME	Lanni, J. Terrence
STREET ADDRESS	3799 Las Vegas Blvd. South
CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan J Wright Bryan Wright (702) 693-7167
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #