SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000003040 (1)**

1. Corporation Name
GAME FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
10911 W. HWY. 55 STE 205 **PLYMOUTH MN 55441-6114**	**10911 W. HWY. 55 STE 205** **PLYMOUTH MN 55441-6114**

3. Date Incorporated or Qualified: **06/23/1995**
3a. Date of Last Report:

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:

4. FEI Number: **41-1684452** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (Signature, typed or printed name of the registered agent, and date, if applicable) (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PDST**	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	**DACHIS, GARY A**		12 NAME		
STREET ADDRESS	**12111 GOLDEN ACRE DR**		13 STREET ADDRESS		
CITY-ST-ZIP	**MINNETONKA MN 55305**		14 CITY-ST-ZIP		
TITLE	**CEO**	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	**DACHIS, GARY A**		22 NAME		
STREET ADDRESS	**12111 GOLDEN ACRE DR**		23 STREET ADDRESS		
CITY-ST-ZIP	**MINNETONKA MN 55305**		24 CITY-ST-ZIP		
TITLE	**VDC**	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	**WEISBROD, STEPHEN P**		32 NAME		
STREET ADDRESS	**12700 BENT TREE RD**		33 STREET ADDRESS		
CITY-ST-ZIP	**MINNETONKA MN 55305**		34 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	**BROSIG, THOMAS J**		42 NAME		
STREET ADDRESS	**4695 FORESTVIEW LN**		43 STREET ADDRESS		
CITY-ST-ZIP	**PLYMOUTH MN 55442**		44 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	**RAVICH, PAUL H**		52 NAME		
STREET ADDRESS	**5906 OLINGER RD**		53 STREET ADDRESS		
CITY-ST-ZIP	**EDINA MN 55436**		54 CITY-ST-ZIP		
TITLE	**V**	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	**FREDERICHS-MOOSE, DEANNA**		62 NAME		
STREET ADDRESS	**7352 BLAIRWAY**		63 STREET ADDRESS		
CITY-ST-ZIP	**WAHKON MN 56386**		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/25/96 (612) 476-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #