

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # F95000003040 (1)

1. Corporation Name  
GAME FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

~~10011 W. HWY. 55 STE 205  
PLYMOUTH MN 55441-6114~~

~~10011 W. HWY. 55 STE 205  
PLYMOUTH MN 55441-6114~~

2. Principal Place of Business

2a. Mailing Address

21 13705 FIRST AVE. No  
Suite, Apt. #, etc.

25 13705 FIRST AVE. No  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Minneapolis, MN  
Zip Country

28 Minneapolis, MN  
Zip Country

24 55441 25 USA

29 55441 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

07/01/1996

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDST  
NAME DACHIS, GARY A  
STREET ADDRESS 12111 GOLDEN ACRE DR  
CITY-STATE-ZIP MINNETONKA MN 55305

1.1 TITLE V  
1.2 NAME JEFFREY RINGER  
1.3 STREET ADDRESS 2538 HAVERTON CIRCLE  
1.4 CITY-STATE-ZIP MENDOTA HEIGHTS, MN 55120

TITLE CEO  
NAME DACHIS, GARY A  
STREET ADDRESS 12111 GOLDEN ACRE DR  
CITY-STATE-ZIP MINNETONKA MN 55305

2.1 TITLE V  
2.2 NAME LOUIS DACHIS  
2.3 STREET ADDRESS 4145 22ND LANG  
2.4 CITY-STATE-ZIP ST. LOUIS PARK, MN 55426

TITLE VDC  
NAME WEISBROD, STEPHEN P  
STREET ADDRESS 12700 BENT TREE RD  
CITY-STATE-ZIP MINNETONKA MN 55305

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE D  
NAME BROSIG, THOMAS J  
STREET ADDRESS 4895 FORESTVIEW LN  
CITY-STATE-ZIP PLYMOUTH MN 55442

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE D  
NAME RAVICH, PAUL H  
STREET ADDRESS 5906 OLINGER RD  
CITY-STATE-ZIP EDINA MN 55436

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE V  
NAME FREDERICKS-MOOSE, DEANNA  
STREET ADDRESS 7352 BLAIRWAY  
CITY-STATE-ZIP WAHCON MN 56386

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)