2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2006
Secretary of State

DOCUMENT# F95000003040

Entity Name: GAME FINANCIAL CORPORATION

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPT.
601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 41-1684452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: FOLEY, WILLIAM P II
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: CEO ( ) Delete
Name: KENNEDY, LEE A
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: CFO (X) Delete
Name: CARBIENER, JEFFREY S
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VPS (X) Delete
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VPAS (X) Delete
Name: GLICK, MARCIA R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPT (X) Delete
Name: SAX, MICHAEL E
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: NICHOLS, R. RENZ
Address: 100 SECOND AVE S, SUITE 1100S
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: D/S (X) Change ( ) Addition
Name: CRAVEY, LYNN
Address: 100 SECOND AVE S, SUITE 1100S
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN CRAVEY D/S 11/30/2006

Electronic Signature of Signing Officer or Director — Date