

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004512 (8)

1. Corporation Name  
**SIGMA GAME, INC.**



Principal Place of Business: ONE AEROJET WAY N. LAS VEGAS NV 89030  
Mailing Address: ONE AEROJET WAY N. LAS VEGAS NV 89030

3. Date Incorporated or Qualified: 09/15/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 7160 South Amigo Street  
22 City & State: Las Vegas, Nevada  
23 Zip: 89119  
24 Country: U.S.A.

2a. Mailing Address  
26 7160 South Amigo Street  
27 City & State: Las Vegas, Nevada  
28 Zip: 89119  
29 Country: U.S.A.

4. FEI Number: 88-0197678  
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

TIMM, GREG  
10031 PINES BLVD. #214  
PEMBROKE PINES FL 33024

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 registered agent and fee applicant

Date of Registered Agent signature required when filed

Date

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MANABE, KATSUKI	
STREET ADDRESS	32-3 SEJO, 9-CHOME, SETAGAYA-KU	
CITY-ST-ZIP	TOKYO JAPAN 157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANABE, KEIKO	
STREET ADDRESS	32-3 SEJO, 9-CHOME, SETAGAYA-KU	
CITY-ST-ZIP	TOKYO JAPAN 157	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KURATA, TAKESHI	
STREET ADDRESS	6922 EMERALD SPRINGS	
CITY-ST-ZIP	LAS VEGAS NV 89113	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k), 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: Takeshi Kurata  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 702-399-5000  
Date Official Phone #

CR2E034 (12/95)