

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000005450 (9)

1. Corporation Name

INTERLOTT TECHNOLOGIES, INC.

Principal Place of Business

6665 CREEK RD.
CINCINNATI OH 45242

Mailing Address

6665 CREEK RD.
CINCINNATI OH 45242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 45242 USA

2a. Mailing Address

26 10830 Millington Ct
Suite, Apt. #, etc.

27 City & State

28 Cincinnati, Oh

29 30 45242 USA

4. FEI Number

31-1297916

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TUREK, EDMUND F
STREET ADDRESS 6665 CREEK RD.
CITY-ST-ZIP CINCINNATI OH 45242

TITLE V ☐ DELETE

NAME NICHOLS, DAVID F
STREET ADDRESS 6665 CREEK RD.
CITY-ST-ZIP CINCINNATI OH 45242

TITLE STD ☐ DELETE

NAME BELL, GARY S
STREET ADDRESS 200 AMERICAN AVE.
CITY-ST-ZIP GLASGOW KY 42141

TITLE DC ☐ DELETE

NAME WELLS, L R
STREET ADDRESS 6665 CREEK RD.
CITY-ST-ZIP CINCINNATI OH 45242

TITLE D ☐ DELETE

NAME WINGFIELD, JOHN J
STREET ADDRESS 101 BULLITT, #110
CITY-ST-ZIP LOUISVILLE KY 40222

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice Chairman ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: J.J. Cain, Ass't Secretary

4/27/98

(513) 742-7000

CR2E034 (10/97)