

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90293 047 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005450**

1. Corporation Name  
**INTERLOTT TECHNOLOGIES, INC.**

Principal Place of Business  
**6665 CREEK RD.  
CINCINNATI OH 45242**

Mailing Address  
**10830 MILLINGTON CT.  
CINCINNATI OH 45242  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/21/1996</b>	
21		26		4. FEI Number <b>31-1297916</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	Zip
				30	Country

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
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUREK, EDMUND F</b>	1.2 NAME	<b>Turek, Edmund F.</b>
STREET ADDRESS	<b>6665 CREEK RD.</b>	1.3 STREET ADDRESS	<b>10830 Millington Ct</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>	1.4 CITY-ST-ZIP	<b>Cincinnati OH 45242</b>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, DAVID F</b>	2.2 NAME	<b>Nichols, David F.</b>
STREET ADDRESS	<b>6665 CREEK RD.</b>	2.3 STREET ADDRESS	<b>10830 Millington Ct</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>	2.4 CITY-ST-ZIP	<b>Cincinnati OH 45242</b>
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, GARY S</b>	3.2 NAME	
STREET ADDRESS	<b>200 AMERICAN AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLASGOW KY 42141</b>	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, L R</b>	4.2 NAME	<b>Wells, L Rogers</b>
STREET ADDRESS	<b>6665 CREEK RD.</b>	4.3 STREET ADDRESS	<b>10830 Millington Ct</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>	4.4 CITY-ST-ZIP	<b>Cincinnati OH 45242</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WINGFIELD, JOHN J</b>	5.2 NAME	<b>Marshall H. Jean</b>
STREET ADDRESS	<b>101 BULLITT, #110</b>	5.3 STREET ADDRESS	<b>6731 Grange Ct</b>
CITY-ST-ZIP	<b>LOUISVILLE KY 40222</b>	5.4 CITY-ST-ZIP	<b>Cincinnati OH 45242</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Dennis W. Blay* CFO  
Dennis W. Blay

4-26-99

Date

Duration: Please see