

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000006664

Entity Name: SHUFFLE MASTER, INC.

FILED  
Jul 22, 2008  
Secretary of State

## Current Principal Place of Business:

1106 PALMS AIRPORT DR.  
LAS VEGAS, NV 89119 US

## New Principal Place of Business:

## Current Mailing Address:

1106 PALMS AIRPORT DR.  
LAS VEGAS, NV 89119 US

## New Mailing Address:

FEI Number: 41-1448495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: COB ( ) Delete  
Name: YOSELOFF, MARK L  
Address: 1106 PALMS AIRPORT DR  
City-St-Zip: LAS VEGAS, NV 89119

Title: COO ( ) Delete  
Name: MEYER, PAUL C  
Address: 1106 PALMS AIRPORT DR  
City-St-Zip: LAS VEGAS, NV 89119

Title: OD ( ) Delete  
Name: NELSON, JAMES L  
Address: 2747 PARADISE ROAD #2804  
City-St-Zip: LAS VEGAS, NC 89109

Title: OD ( ) Delete  
Name: SAUNDERS, GARRY W  
Address: 9004 PLAYERS CLUB DR  
City-St-Zip: LAS VEGAS, NV 89134

Title: OD ( ) Delete  
Name: CASTLE II, LOUIS J  
Address: 225 S ROYAL ASCOT DR  
City-St-Zip: LAS VEGAS, NV 89144

Title: OD ( ) Delete  
Name: PECKMAN, PHILLIP C  
Address: 8302 CARMEL RIDGE COURT  
City-St-Zip: LAS VEGAS, NV 89113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OD (X) Change ( ) Addition  
Name: BAILEY, JOHN R  
Address: 8101 MEANTMORE AVENUE  
City-St-Zip: LAS VEGAS, NV 89117

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 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: PAUL CHARLES MEYER

COO

07/22/2008

Electronic Signature of Signing Officer or Director

Date