

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004576

Entity Name: GTECH WORLDSERV, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

10 MEMORIAL BLVD.
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

10 MEMORIAL BLVD.
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0487815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVPD () Delete
Name: PATEL, JAYMIN B
Address: 141 WICKFORD POINT ROAD
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: TV () Delete
Name: PIERI, WILLIAM M
Address: 53 FAIR OAKS PARK
City-St-Zip: NEEDHAM, MA 02142

Title: AS () Delete
Name: PRESCOTT, MICHAEL K
Address: 10 MEMORIAL BLVD.
City-St-Zip: PROVIDENCE, RI 02903

Title: GC () Delete
Name: DESOCIO, WALTER G
Address: 10 MEMORIAL BLVD.
City-St-Zip: PROVIDENCE, RI 02903

Title: AS (X) Delete
Name: HUGHES, MATTHEW
Address: 10 MEMORIAL BLVD.
City-St-Zip: PROVIDENCE, RI 02903

Title: AS (X) Delete
Name: ARENA, ROBERT
Address: 10 MEMORIAL BLVD.
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ELAND, ALAN T
Address: 67 WICKHAM ROAD
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: SECR (X) Change () Addition
Name: PRESCOTT, MICHAEL K
Address: 322 SLEEPY HOLLOW FARM ROAD
City-St-Zip: WARWICK, RI 02886

Title: AS (X) Change () Addition
Name: ARENA, ROBERT A
Address: 28 METHYL STREET
City-St-Zip: PROVIDENCE, RI 02906

Title: AS (X) Change () Addition
Name: OGILVIE, DENISE M
Address: 31 VOLTURNO STREET
City-St-Zip: NORTH PROVIDENCE, RI 02904

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: MICHAEL K. PRESOCTT

SECR

04/30/2008

Electronic Signature of Signing Officer or Director

Date