

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90076 034 \*\*\*150.00

**DOCUMENT # F97000004576**

1. Entity Name  
**GTECH WORLDSEV, INC.**



Principal Place of Business  
**55 TECHNOLOGY WAY  
WEST GREENWICH RI 02817**

Mailing Address  
**55 TECHNOLOGY WAY  
WEST GREENWICH RI 02817**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **05-0487815**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP** ☐ Delete  
NAME **PATEL, JAYMIN B**  
STREET ADDRESS **141 WICKFORD POINT ROAD**  
CITY-ST-ZIP **NORTH KINGSTOWN RI 02852**

TITLE **D** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☐ Delete  
NAME **PATEL, JAYMIN B**  
STREET ADDRESS **141 WICKFORD POINT ROAD**  
CITY-ST-ZIP **NORTH KINGSTOWN RI 02852**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **PIERI, WILLIAM M**  
STREET ADDRESS **53 FAIR OAKS PARK**  
CITY-ST-ZIP **NEEDHAM MA 02142**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **OGILVIE, DENISE M**  
STREET ADDRESS **309 GREENWICH AVE, APT C302**  
CITY-ST-ZIP **WARWICK RI 02886**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CALABRO, DAVID J**  
STREET ADDRESS **2955 BEECH LANE**  
CITY-ST-ZIP **DOYLESTOWN PA 18901-1941**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **DESBIENS, JEAN-PIERRE**  
STREET ADDRESS **55 FIELDSTONE AVE.**  
CITY-ST-ZIP **EAST GREENWICH RI 02818**

TITLE **COBD; P** ☒ Addition  
NAME **Antonio Carlos Rocha**  
STREET ADDRESS **152 Crompton Avenue, Apt. 12**  
CITY-ST-ZIP **East Greenwich, RI 02818**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise M. Ogilvie **SIGNATURE REQUIRED** Denise M. Ogilvie, Asst. Sec. 2/4/03 401-392-7477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

*Attachment*

*80026266*

EXHIBIT A

2003 UNIFORM BUSINESS REPORT (UBR)  
STATE OF FLORIDA

GTECH WORLDSERV, INC.  
DOCUMENT #F97000004576

Additional Officers:

Marc A. Crisafulli	Senior Vice President, General Counsel and Secretary	21 Spring House Lane Cumberland, RI 02864
Miriam Ross	Assistant Secretary	41 Stadium Road Providence, RI 02906