

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
**AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

0120951  
 1

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

**FILED**  
 99 JUL 29 PH 2: 18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F98000006141**  
 1. Corporation Name  
**PARK PLACE ENTERTAINMENT CORPORATION**

Principal Place of Business 3930 HOWARD HUGHES PKWY. LAS VEGAS NV 89109	Mailing Address 3930 HOWARD HUGHES PKWY. LAS VEGAS NV 89109
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1998		4. FEI Number 88-0400631		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<del>CEO</del>	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLLENBACH, STEPHEN F		1.2 NAME		
STREET ADDRESS	9336 CMC CENTER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90210		1.4 CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDBERG, ARTHUR M		2.2 NAME	600002945196--4	
STREET ADDRESS	3930 HOWARD HUGHES PKWY.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV 89109		2.4 CITY-ST-ZIP		
TITLE	+	<input type="checkbox"/> DELETE	3.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, WALLACE R		3.2 NAME		
STREET ADDRESS	PARK PLACE & THE BOARDWALK		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC CITY NJ 08401		3.4 CITY-ST-ZIP		
TITLE	+	<input type="checkbox"/> DELETE	4.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODSON, MARK R		4.2 NAME	:   LS	
STREET ADDRESS	3930 HOWARD HUGHES PKWY.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV 89109		4.4 CITY-ST-ZIP		
TITLE	VOFO	<input type="checkbox"/> DELETE	5.1 TITLE	EVP, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPORTA, SCOTT A		5.2 NAME		
STREET ADDRESS	9986 CMC CENTER DR.		5.3 STREET ADDRESS	3930 Howard Hughes Pkwy.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210		5.4 CITY-ST-ZIP	LAS VEGAS, NV 89109	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	EVP, LAW & CORPORATE AFFAIRS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Clive S. Cummis	
STREET ADDRESS			6.3 STREET ADDRESS	26 MAIN STREET	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Chatham, NJ 07928	

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: *Scott A Laporta* 7-28-99 702-699-5030

CR2E034 (5/99)

2



ACCOUNT NO. : 072100000032  
 REFERENCE : 322769 5027794  
 AUTHORIZATION : *Patricia Pizich*  
 COST LIMIT : \$ 550.00

ORDER DATE : July 28, 1999  
 ORDER TIME : 12:12 PM  
 ORDER NO. : 322769-005  
 CUSTOMER NO: 5027794  
 CUSTOMER: Ms. Denise Karpa  
 Park Place Entertainment  
 Hilton Corporate Plaza  
 3930 Howard Hughes Pkwy. - 4th  
 Las Vegas, NV 89109

RECEIVED

99 JUL 29 PM 1:10

ANNUAL REPORT FILING

NAME: PARK PLACE ENTERTAINMENT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX  PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Abaied

EXAMINER'S INITIALS: \_\_\_\_\_