

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001397

Entity Name: BENCO, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

ONE CAESARS PALACE DRIVE
LAS VEGAS, NV 89109 US

New Principal Place of Business:

Current Mailing Address:

7216 CHERRY FARMS ROAD
CORPORATE TAX DEPT.
CORDOVA, TN 38016 US

New Mailing Address:

ONE CAESARS PALACE DRIVE
CORPORATE TAX DEPARTMENT
LAS VEGAS, NV 89109 US

FEI Number: 88-0409341

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 323012525 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: PD () Delete
Name: LOVEMAN, GARY W
Address: ONE CAESARS PALACE DRIVE
City-St-Zip: LAS VEGAS, NV 89109 US

Title: DT () Delete
Name: ATWOOD, CHARLES L
Address: ONE CAESARS PALACE DRIVE
City-St-Zip: LAS VEGAS, NV 89109 US

Title: S () Delete
Name: BRAMMELL, STEPHEN H
Address: ONE CAESARS PALACE DRIVE
City-St-Zip: LAS VEGAS, NV 89109 US

Title: AS () Delete
Name: MCDUFFIE, ANTHONY D
Address: 7216 CHERRY FARMS ROAD
City-St-Zip: CORODVA, TN 38016 US

Title: SVP () Delete
Name: JENKIN, THOMAS M
Address: 3475 LAS VEGAS BLVD
City-St-Zip: LAS VEGAS, NV 89109 US

Title: SVP () Delete
Name: SELESNER, GARY
Address: 3570 LAS VEGAS BLVD SOUTH
City-St-Zip: LAS VEGAS, NV 89103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: HALKYARD, JONATHAN S
Address: ONE CAESARS PALACE DRIVE
City-St-Zip: LAS VEGAS, NV 89109 US

Title: S (X) Change () Addition
Name: COHEN, MICHAEL D
Address: ONE CAESARS PALACE DRIVE
City-St-Zip: LAS VEGAS, NV 89109 US

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: ANTHONY D. MCDUFFIE

AS

04/21/2009

Electronic Signature of Signing Officer or Director

Date