DOCUMENT # F99000003238

1. Entity Name

GARRON LOTTERY PRODUCTS, INC.

**FILED**
**Jul 19, 2000 8:00 am**
**Secretary of State**
07-19-2000 90152 047 ***150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 5420 PULASKI HWY<br>BALTIMORE MD 21205 | 5420 PULASKI HWY<br>BALTIMORE MD 21205 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5420 Pulaski HWY | 5420 Pulaski HWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Baltimore MD | City & State: Baltimore MD |
| Zip: 21205 Country: USA | Zip: 21205 Country: USA |

4. FEI Number 52-2114046 ☐ 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 |
|---|---|
| RUANE, RICHARD<br>6303 WALTON HEALTH PLACE<br>UNIVERSITY PLACE<br>SARASOTA FL 34201 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE [signature] 7/12/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RUANE, MICHAEL J<br>1 SHERBORNE CT<br>BALTIMORE MD | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>RUANE, RICHARD<br>6303 WALTON HEATH PLACE<br>SAARSOTA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RUANE, JOSETTE<br>6303 WALTON HEATH PLACE<br>SAARSOTA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] RE Michael Ruane C.E.O. 7/11/00 4104856886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
~~F99000080~~
F99000003238
B 010340Y

garron
lottery products

Quality 1 Since 1974

6-7-2000

State of Florida
Division Of Corporations

Dear Sirs:

I am requesting that the late fee for filing be waived since I have never received the initial filing form and it is only in July that i received a second notice.
If you have any questions please contact me at 410.485.6886
I thank you for you understanding in this matter.

Sincerely

Michael Ruane

5420 Pulaski Hwy.
Baltimore Md. 21205
Tel 410.485.6886 Fax 410.485.6886