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May 06, 1999 8:00 am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT # K22104 1. Corporation Name IGT INTERNATIONAL, INC. | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1111 LINCOLN ROAD MIAMI BEACH FL 33139 US | | Mailing Address 4TH FLOOR 1111 LINCOLN ROAD MIAMI BEACH FL 33139 US | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 21 600 NE 36th Street Suite, Apt. #, etc. 22 Miami, FL City & State 23 33137 United States Zip Country 24 25 29 30 | | 2a. Mailing Address 26 600 NE 36th Street Suite, Apt. #, etc. 27 Miami, FL City & State 28 33137 United States Zip Country 29 30 | | | | | | | | | | | | | | | | | | | | | |
| 9. Name and Address of Current Registered Agent MECHANICS, ROY 1111 LINCOLN ROAD MIAMI BEACH FL 33139 | | 10. Name and Address of New Registered Agent 81 Name Vincent W. Monard 82 Street Address (P.O. Box Number Is Not Acceptable) 600 NE 36th Street 83 Miami, FL 33137 City Zip Code FL 85 | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Vincent W. Monard</u> DATE <u>5/17/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ROTH, ROBERT M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1111 LINCOLN RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL</td> <td></td> </tr> </table> | | TITLE | DP | <input type="checkbox"/> DELETE | NAME | ROTH, ROBERT M. | | STREET ADDRESS | 1111 LINCOLN RD. | | CITY-ST-ZIP | MIAMI BEACH FL | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table> | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME | | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | |
| TITLE | DP | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | | | |
| NAME | ROTH, ROBERT M. | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1111 LINCOLN RD. | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 NAME | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |

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 with all other like empowered.

SIGNATURE:

Vincent W. Monard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Vincent W. Monard

4/26/99 (305) 573-2800
 Date Daytime Phone

CR2E034 (11/98)