

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98000001605

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: GLOBAL CASH ACCESS, L.L.C.

Current Principal Place of Business:

6200 S. QUEBEC, STE. 250 AS
ENGLEWOOD, CO 80111

New Principal Place of Business:

Current Mailing Address:

6200 S. QUEBEC, STE. 250 AS
ENGLEWOOD, CO 80111

New Mailing Address:

FEI Number: 94-3309549

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PATMORE, KIMBERLY S
Address: 6200 S. QUEBEC, STE. 210 AS
City-St-Zip: GREENWOOD VILLAGE, CO 801114729

Title: MGRM () Delete
Name: SANFORD, KIRK
Address: 6200 S. QUEBEC ST., STE 210AS
City-St-Zip: GREENWOOD VILLAGE, CO 801114729

Title: MGRM () Delete
Name: SHINKLE, PAMELA K
Address: 6200 S. QUEBEC ST., STE 210AS
City-St-Zip: GREENWOOD VILLAGE, CO 801114729

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAMELA K. SHINKLE

MGR

04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date