

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90017 027 ***558.75

A0071653



DO NOT WRITE IN THIS SPACE

DOCUMENT # P22937

1. Entity Name
ARISTOCRAT INC. ARISTOCRAT TECHNOLOGIES, INC.

Principal Place of Business
**9895 DOUBLE R BLVD.
 STE 200
 RENO NV 89511**

Mailing Address
**9895 DOUBLE R BLVD.
 STE 200
 RENO NV 89511**

2. Principal Place of Business
**9895 Double R Boulevard
 Suite, Apt. #, etc.
 Suite 200
 City & State
 Reno, Nevada
 Zip
 89511
 Country
 USA**

3. Mailing Address
**9895 Double R Boulevard
 Suite, Apt. #, etc.
 Suite 200
 City & State
 Reno, Nevada
 Zip
 89511
 Country
 USA**

4. FEI Number **88-0097390** ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (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	D BURKE, FRANK P.O. BOX 808 LANE COVE NSW 2066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, STEPHEN 85-113 DUNNING AVE ROSEBURY NS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 Longueville Road Lane Cove, New South Wales, Australia 2066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCLAIN, DEAN 9895 DOUBLE R BLVD. RENO NV 89511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Exec VP Finance/Sec/Trea/Dir HARMER, BURGESS 9895 Double R Blvd., Suite 200 Reno, Nevada 89511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, DES P.O. BOX 155 LANE COVE NSW 2066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 Longueville Road Lane Cove, New South Wales, Australia 2066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AARON, BARTH F 9895 DOUBLE R BLVD RENO NV 89511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Aug 1, 2000** (775) 850-7767
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)