FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:24

DOCUMENT # P30713 (2)

1. Corporation Name
CASINO & CREDIT SERVICES, INC.

Principal Place of Business	Mailing Address
1100 EAST HECTOR STREET SUITE 400 CONSHOHOCKEN PA 19428 US	4203 EAST INDIAN SCHOOL ROAD SUITE 160 PHOENIX AZ 85018 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1990
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1100 E. Hector St, Ste 400
Suite, Apt. #, etc.
27 Conshohocken, PA
City & State
28 19428
Zip 29 Country 30

4. FEI Number: 75-2268593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	O'NEILL, J. BRIAN	1.2 NAME		
STREET ADDRESS	1100 E HECTOR STR STE 400	1.3 STREET ADDRESS		
CITY-ST-ZIP	CONSHOHOCKEN PA	1.4 CITY-ST-ZIP		
TITLE	VPSD	2.1 TITLE		☐ Change ☐ Addition
NAME	SPECTOR, ARTHUR	2.2 NAME		
STREET ADDRESS	PECTR	2.3 STREET ADDRESS		
CITY-ST-ZIP	CONSHOHOCKEN PA	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, JONATHAN P.	3.2 NAME		
STREET ADDRESS	1100 E HECTOR STR STE 400	3.3 STREET ADDRESS		
CITY-ST-ZIP	CONSHOHOCKEN PA	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☑ Change ☐ Addition
NAME	JACOBSON, DAN	4.2 NAME		
STREET ADDRESS	1990 WEST CAMEBACK ROAD, SUITE 308	4.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DEJURE, LINDA	5.2 NAME		
STREET ADDRESS	1926 ARCH STR 2 FLOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	SEDOR, LESLIE	6.2 NAME	FRANCIS J. PALAMARA	
STREET ADDRESS	1100 E. HECTOR STREET, SHITE 400	6.3 STREET ADDRESS	1100 OCEAN DR. UNIT 201	
CITY-ST-ZIP	CONSHOHOCKEN PA	6.4 CITY-ST-ZIP	AVALON, NJ 08202-0384	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Jonathan P. Robinson, Treasurer — Daytime Phone # 610-834-8910

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