

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34733

FILED
Apr 19, 2011
Secretary of State

Entity Name: SCIENTIFIC GAMES INTERNATIONAL, INC.

Current Principal Place of Business:

1500 BLUEGRASS LAKES PARKWAY
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1500 BLUEGRASS LAKES PARKWAY
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 58-1943521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: WEIL, A. LORNE
Address: 750 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: VP
Name: LIPKIN, JEFFREY S
Address: 750 LEXINGTON AVE 25TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: VP
Name: RAPHAELSON, IRA H
Address: 750 LEXINGTON AVE 25TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: VP
Name: BAUER, PHILIP J
Address: 1500 BLUEGRASS LAKES PARKWAY
City-St-Zip: ALPHARETTA, GA 30004

Title: TREA
Name: BECKER, ROBERT C
Address: 750 LEXINGTON AVE. 25TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: PRES
Name: SAFERIN, STEVEN M
Address: 1500 BLUEGRASS LAKES PKWY
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP J. BAUER

VP

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date