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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38917 (1)
1. Corporation Name
AUTOMATED WAGERING INTERNATIONAL, INC.



Principal Place of Business 115 PERIMETER CENTER PL. STE 911 ATLANTA GA 30346 US	Mailing Address 2311 S. 7TH AVE. CORP SVCS BOZEMAN MT 59715-6501 US
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2. Principal Place of Business 21 2311 S. 7th Avenue Suite, Apt. #, etc. 22 City & State 23 Bozeman, MT Zip 24 59715 Country 25 Gallatin	2a. Mailing Address 26 S.A.A. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 04/23/1996
4. FEI Number 13-3666192	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 C T CORPORATION SYSTEM 1200 SOUTH 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 85 Zip Code
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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 his, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DAVEY, JAMES J. STREET ADDRESS 2311 SOUTH 7TH AVENUE CITY-ST-ZIP BOZEMAN MT	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP NAME MARK L. CUSHING STREET ADDRESS 115 PERIMETER CENTER PL. STE 911 CITY-ST-ZIP ATLANTA GA	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME RICHARD M. HADDRILL STREET ADDRESS 115 PERIMETER CENTER PL. STE 911 CITY-ST-ZIP ATLANTA GA	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIRECTOR/PRESIDENT/TREASURER ☒ Change ☐ Addition HADDRILL, Richard M. 2311 S. 7th Avenue Bozeman, MT 59715
TITLE AS NAME JANET M. BJORK STREET ADDRESS 2311 S. 7TH AVE. CITY-ST-ZIP BOZEMAN MT	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME ROSENWEIG, DENA J. STREET ADDRESS 115 PERIMETER CENTER PLACE SUITE 911 CITY-ST-ZIP ATLANTA GA	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME ROSENWEIG, DENA J. STREET ADDRESS 115 PERIMETER CENTER PLACE SUITE 911 CITY-ST-ZIP ATLANTA GA	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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.

SIGNATURE:  **Janet M. Bjork** April 21, 1997 406/585-6600

CR2E034 (9/96)