

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90019 021 ***150.00

DOCUMENT # P38917

1. Entity Name

AUTOMATED WAGERING INTERNATIONAL, INC.

Principal Place of Business

2311 S 7TH AVE
 BOZEMAN MT 59715
 US

Mailing Address

2311 S 7TH AVE
 BOZEMAN MT 59715-6501
 US

2. Principal Place of Business

2311 S. 7th Avenue

3. Mailing Address

815 Pilot Road,, Suite G

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G

City & State

Bozeman, MT

City & State

Las Vegas, NV

4. FEI Number

13-3666192

Applied For
 Not Applicable

Zip

59715

Country

USA

Zip

89119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE DCEO ☒ Delete
 NAME HADDRILL, RICHARD M
 STREET ADDRESS 115 PERIMETER CENTER PLACE, SUITE 911
 CITY-ST-ZIP ATLANTA GA 30346

TITLE P ☐ Delete
 NAME BEACH, JOHN
 STREET ADDRESS 115 PERIMETER CENTER PLACE, SUITE 911
 CITY-ST-ZIP ATLANTA GA 30346

TITLE S ☒ Delete
 NAME GALLAGHER, DENNIS V
 STREET ADDRESS 751 PILOT RD SUITE D
 CITY-ST-ZIP LAS VEGAS NV 89119

TITLE T ☒ Delete
 NAME CARSTENSEN, SUSAN J
 STREET ADDRESS 2311 S 7TH AVE
 CITY-ST-ZIP BOZEMAN MT 59715

TITLE AT ☒ Delete
 NAME SCHUTTLER, JAY
 STREET ADDRESS 2311 S 7TH AVENUE
 CITY-ST-ZIP BOZEMAN MT 59715

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☒ Addition
 NAME RUMBOLZ, MICHAEL D
 STREET ADDRESS 815 PILOT ROAD, SUITE G
 CITY-ST-ZIP LAS VEGAS, NV 89119

TITLE D/COO/P ☒ Change ☐ Addition
 NAME BEACH, JOHN
 STREET ADDRESS 115 PERIMETER CENTER PLACE, SUITE 911
 CITY-ST-ZIP ATLANTA, GA 30346

TITLE S/D/EXEC. VP ☒ Change ☒ Addition
 NAME MATTHEWS, THOMAS J
 STREET ADDRESS 815 PILOT ROAD, SUITE G
 CITY-ST-ZIP LAS VEGAS, NV 89119

TITLE T/CFO ☒ Change ☒ Addition
 NAME SAGE, GEOFFREY A
 STREET ADDRESS 815 PILOT ROAD, SUITE G
 CITY-ST-ZIP LAS VEGAS, NV 89119

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

Thomas J. Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Matthews, Exec. VP/Sec./Dir. (702) 896-7568

Date

Daytime Phone #