2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF

May 26, 2006 8:00 am Secretary of State DOCUMENT # P38917 05-26-2006 90015 022 ***550.00 1. Entity Name SCIENTIFIC GAMES ONLINE ENTERTAINMENT SYSTEMS, INC. Principal Place of Business Mailing Address 50019757 1500 BLUEGRASS LAKES PARKWAY 1500 BLUEGRASS LAKES PARKWAY ALPHARETTA, GA 30004 ALPHARETTA, GA 30004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 13-3666192 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FER IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE □ Delete SVP HUNTLEY, WILLIAM J NAME NAME Steven M. Saferin STREET ADDRESS 3365 SUMMIT TRAIL STREET ADDRESS 1225 W. Garmon Road, NW Atlanta, GA 30327 CUMMING, GA 30041 CITY-ST-ZIP CITY-ST-ZIP VASG TITLE Delete TITLE ☐ Change X Addition BETHEA, CHARLES G JR. Gerard D. Scheinbach NAME NAME STREET ADDRESS 3235 ROSWELL ROAD, UNIT 717 STREET ADDRESS 620 Hampton Bluff Lane ATLANTA, GA 30305 CITY-ST-ZIP Alpharetta, GA 30004 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE LAIRD, DEWAYNE E NAME NAME STREET ADDRESS 565 FOX MEADOW LAND STREET ADDRESS CITY-ST-ZIP WESTCHESTER, PA 19382 CITY-ST-ZIP DVS Delete ☐ Change ☐ Addition TITLE TITLE SCHLOSS, MARTIN E NAME NAME STREET ADDRESS 869 PRESIDENT STREET STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11215 CITY-ST-78 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

William J. Huntley, President

NING OFFICER OR DIRECTOR

<u>5/23/06</u>

FILED