

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000682 (6)**  
1. Corporation Name  
**IGT (INC)**

Principal Place of Business <b>8295 PROTOTYPE DRIVE RENO NV 89511 US</b>	Mailing Address <b>8295 PROTOTYPE DRIVE RENO NV 89511 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>26</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>12/14/1992</b>	
<b>4.</b> FEI Number <b>88-0062109</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**KARRELS, EUGENE  
2648 W. 84TH STREET  
HIALEAH FL 33016**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Karrels, Eugene</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>3361 Executive Way</b>	
<b>83</b>	
<b>84</b> City <b>Miramar</b>	<b>85</b> Zip Code <b>FL 33025</b>

**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**

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWSON, CHARLES N</b>	
STREET ADDRESS	<del>820 S. ROCK BLVD X</del>	
CITY-ST-ZIP	<b>RENO NV 89502</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIKE, RAYMOND D</b>	
STREET ADDRESS	<del>820 S. ROCK BLVD X</del>	
CITY-ST-ZIP	<del>RENO NV 89502 X</del>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BITTMAN, ROBERT A</b>	
STREET ADDRESS	<b>520 S. ROCK BLVD</b>	
CITY-ST-ZIP	<b>RENO NV 89502</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, MICHAEL D</b>	
STREET ADDRESS	<b>520 S. ROCK BLVD</b>	
CITY-ST-ZIP	<b>RENO NV 89502</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>Mathewson, Chairman</b>	
<b>1.3</b> STREET ADDRESS	<b>9295 Prototype Dr.</b>	
<b>1.4</b> CITY-ST-ZIP	<b>Reno, NV 89511</b>	
<b>2.1</b> TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	<b>Pike, Raymond D.</b>	
<b>2.3</b> STREET ADDRESS	<b>9295 Prototype Dr.</b>	
<b>2.4</b> CITY-ST-ZIP	<b>Reno, NV 89511</b>	
<b>3.1</b> TITLE	<b>President/COO/Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	<b>Baker, G. Thomas</b>	
<b>3.3</b> STREET ADDRESS	<b>9295 Prototype Dr.</b>	
<b>3.4</b> CITY-ST-ZIP	<b>Reno, NV 89511</b>	
<b>4.1</b> TITLE	<b>V.P./Secretary/Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	<b>McKay, Brian</b>	
<b>4.3</b> STREET ADDRESS	<b>9295 Prototype Dr.</b>	
<b>4.4</b> CITY-ST-ZIP	<b>Reno, NV 89511</b>	
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**14.** 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 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 change or attachment with an address.

**SIGNATURE:**  **Brian McKay**  
V.P./Sec/Treas 1/30/98 (702) 448-1444

CR2E034 (10/97)