

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F94000000354 (0)**  
 1. Corporation Name  
**BALLY GAMING, INC.**



Principal Place of Business <b>6601 SOUTH BERMUDA ROAD LAS VEGAS NE 89119 US</b>	Mailing Address <b>1400 GREG STREET SPARKS NE 89431-5927 US</b>
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>6601 S. BERMUDA RD.</b>		26 <b>6601 S. BERMUDA RD.</b>		3 <b>01/25/1994</b>		3a <b>01/25/1996</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		4 <b>88-0276064</b>		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required	
23 <b>LAS VEGAS, NV</b>		28 <b>LAS VEGAS, NV</b>		5 <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 <b>89119</b>		29 <b>89119</b>		6 <input type="checkbox"/>		8 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country					
25 <b>U.S.A.</b>		30 <b>U.S.A.</b>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND RD.                  PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ASTS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JOHN M.		1.2 NAME	HANS KLOSS	
STREET ADDRESS	6601 S. BERMUDA RD.		1.3 STREET ADDRESS	6601 S BERMUDA RD	
CITY-ST-ZIP	LAS VEGAS NV		1.4 CITY-ST-ZIP	LAS VEGAS, NV 89119	
TITLE	CCTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, NEIL E		2.2 NAME	SCOTT D SCHWEINFURTH	
STREET ADDRESS	5214 N. SHAPLAND AVE.		2.3 STREET ADDRESS	6601 S BERMUDA RD	
CITY-ST-ZIP	ROSEMONT IL 60018		2.4 CITY-ST-ZIP	LAS VEGAS, NV 89119	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKA, S. BARTON		3.2 NAME	DAVID D JOHNSON	
STREET ADDRESS	1400 GREG ST.		3.3 STREET ADDRESS	6601 S BERMUDA RD	
CITY-ST-ZIP	SPARKS NV 89431		3.4 CITY-ST-ZIP	LAS VEGAS, NV 89119	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, unchanged, or as an attachment with an address.

SIGNATURE  DAVID D. JOHNSON 04/17/97 702 270 7600

CR2E034 (9/96)