

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000000354**

1. Entity Name
BALLY GAMING, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90005 023 ***550.00

Principal Place of Business 6601 SOUTH BERMUDA ROAD LAS VEGAS NE 89119 US	Mailing Address 6601 S BERMUDA RD LAS VEGAS NV 89119 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 88-0276064	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (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.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD	<input checked="" type="checkbox"/> Delete
NAME GOLDSTEIN, MORRIS	
STREET ADDRESS 6601 SOUTH BERMUDA ROAD	
CITY-ST-ZIP LAS VEGAS NV 89119	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME SCHWEINFURTH, SCOTT D	
STREET ADDRESS 6601 S BERMUDA RD	
CITY-ST-ZIP LAS VEGAS NV 89119	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME JOHNSON, DAVID D	
STREET ADDRESS 6601 S BERMUDA RD	
CITY-ST-ZIP LAS VEGAS NV 89119	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert L. Miodunski	
STREET ADDRESS 6601 S. Bermuda Road	
CITY-ST-ZIP Las Vegas, NV 89119	
TITLE Secretary/Treas./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert L. Saxton	
STREET ADDRESS 6601 S. Bermuda Road	
CITY-ST-ZIP Las Vegas, NV 89119	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Saxton, Secretary

(702) 270-7644
Date _____ Daytime Phone # _____

CR2E034 (5/00)

Attachment DW78899
Doc. # ~~000000000000000000~~
F9400000354
Alliance
Gaming
CORPORATION

August 10, 2000

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

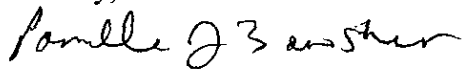
Re: Bally Gaming, Inc.

Dear Sirs:

Enclosed please find an original and one duplicate copy of the 2000 Uniform Business Report for the above-referenced corporation, together with check no. 52114, payable to the Department of State, in the amount of \$550.00 for the filing fee. Please file the original of the enclosed report, and return a date-stamped, filed copy in the enclosed, self-addressed, stamped envelope.

If you have any questions, please contact me at (702) 270-7644. Thank you.

Sincerely,



Pamela J. Bowsher
Paralegal

Encs.