

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07334

**Entity Name:** IGT GLOBAL SOLUTIONS CORPORATION**Current Principal Place of Business:**10 MEMORIAL BOULEVARD  
PROVIDENCE, RI 02903**Current Mailing Address:**10 MEMORIAL BOULEVARD  
PROVIDENCE, RI 02903**FEI Number:** 05-0389840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIR	Title	DIR, EXECUTIVE VICE PRESIDENT
Name	SWEITZER, DONALD R	Name	FORNARO, ALBERTO
Address	10 MEMORIAL BOULEVARD	Address	10 MEMORIAL BOULEVARD
City-State-Zip:	PROVIDENCE RI 02903	City-State-Zip:	PROVIDENCE RI 02903
Title	SVP AND SECRETARY	Title	TREASURER
Name	SPEARS, CHRISTOPHER	Name	DEMOLLI, CLAUDIO
Address	10 MEMORIAL BOULEVARD	Address	10 MEMORIAL BOULEVARD
City-State-Zip:	PROVIDENCE RI 02903	City-State-Zip:	PROVIDENCE RI 02903
Title	SVP & COO OF INTERNATIONAL	Title	DIRECTOR, COO - LOTTERY
Name	HARKIN, DECLAN	Name	GENDRON, JOSEPH S.
Address	10 MEMORIAL BOULEVARD	Address	10 MEMORIAL BOULEVARD
City-State-Zip:	PROVIDENCE RI 02903	City-State-Zip:	PROVIDENCE RI 02903
Title	PRESIDENT AND CEO		
Name	ASCOLI, RENATO		
Address	6355 SOUTH BUFFALO DRIVEQ		
City-State-Zip:	LAS VEGAS NV 89113		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTOPHER SPEARS****SVP AND SECRETARY****08/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date