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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morsham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P38917 (1)**  
1. Corporation Name  
**AUTOMATED WAGERING INTERNATIONAL, INC.**

Principal Place of Business: **2311 SO 7 AVE - BOZEMAN MT 59715 US**  
Mailing Address: **2311 SO 7 AVE BOZEMAN MT 59715 US**

2. Principal Place of Business: **21 115 Perimeter Center Place**  
Suite, Apt. #, etc.: **22 Suite 911**  
City & State: **23 Atlanta, GA**  
Zip: **24 30346** Country: **25 Fulton**

2a. Mailing Address: **26 2311 S. 7th Avenue**  
Suite, Apt. #, etc.: **27 Attn: Corp. Services**  
City & State: **28 Bozeman, MT**  
Zip: **29 59715** Country: **30 Gallatin**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1992** 3a. Date of Last Report: **02/07/1994**

4. FEI Number: **13-3666192** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under C. 199.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 installing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>
NAME	<b>DAVEY, JAMES J.</b>
STREET ADDRESS	<b>2311 SOUTH 7TH AVENUE</b>
CITY, ST, ZIP	<b>BOZEMAN MT</b>
TITLE	<b>D</b>
NAME	<b>BOWER, DANIEL</b>
STREET ADDRESS	<b>83002 DUNWOODY PLACE, STE 332</b>
CITY, ST, ZIP	<b>ATLANTA GA</b>
TITLE	<b>ASF</b>
NAME	<b>EIDE, MICHAEL</b>
STREET ADDRESS	<b>2311 SOUTH 7TH AVENUE</b>
CITY, ST, ZIP	<b>BOZEMAN MT</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>J. Stephen Vanderwoude</b>	
23 STREET ADDRESS	<b>115 Perimeter Center Place, Suite 911</b>	
24 CITY, ST, ZIP	<b>Atlanta, GA 30346</b>	
31 TITLE	<b>Director/President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Mark L. Cushing</b>	
33 STREET ADDRESS	<b>115 Perimeter Center Place, Suite 911</b>	
34 CITY, ST, ZIP	<b>Atlanta, GA 30346</b>	
41 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Richard M. Hadrill</b>	
43 STREET ADDRESS	<b>115 Perimeter Center Place, Suite 911</b>	
44 CITY, ST, ZIP	<b>Atlanta, GA 30346</b>	
51 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Janet M. Bjork</b>	
53 STREET ADDRESS	<b>2311 S. 7th Avenue</b>	
54 CITY, ST, ZIP	<b>Bozeman, MT 59715</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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 changed, or on an attachment with an address.

SIGNATURE:  **Janet M. Bjork** April 19, 1995 (406) 585-6600  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System/Phone #)