

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38917** (1)

1. Corporation Name
AUTOMATED WAGERING INTERNATIONAL, INC.



Principal Place of Business
**115 PERIMETER CENTER PL.
STE 911
ATLANTA GA 30346
US**

Mailing Address
**2311 S. 7TH AVE.
CORP SVCS
BOZEMAN MT 59715
US**

3. Date Incorporated or Qualified **05/21/1992** 3a. Date of Last Report **04/27/1995**

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 s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. **S.A.A.** 26. **S.A.A.**

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

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

85. Zip Code **FL**

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 as of 11/11/95 (DATE) _____ Registered Agent sign this and send other to State _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVEY, JAMES J.	
STREET ADDRESS	2311 SOUTH 7TH AVENUE	
CITY-ST-ZIP	BOZEMAN MT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	J-STEPHEN VANDERWOUDE -	
STREET ADDRESS	115 PERIMETER CENTER PL-STE 911	
CITY-ST-ZIP	ATLANTA GA-	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARK L. CUSHING	
STREET ADDRESS	115 PERIMETER CENTER PL. STE 911	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICHARD M. HADDRILL	
STREET ADDRESS	115 PERIMETER CENTER PL. STE 911	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JANET M. BJORK	
STREET ADDRESS	2311 S. 7TH AVE.	
CITY-ST-ZIP	BOZEMAN MT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dena J. Rosenzweig
6.3 STREET ADDRESS	115 Perimeter Center Pl. Suite 911
6.4 CITY-ST-ZIP	Atlanta, GA 30346

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 119.07(3)(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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Designation)

CR2E034 (12/95)