

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business 2311 S 7TH AVE BOZEMAN MT 59715 US	Mailing Address 2311 S. 7TH AVE. CORP SVCS BOZEMAN MT 59715 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2311 S. 7th Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 S.A.A. Suite, Apt. #, etc.		3. Date incorporated or Qualified 05/21/1992	
22 City & State 23 Bozeman, MT		27 City & State		4. FEI Number 13-3666192	
23 Zip 59715		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country 25 Gallatin		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 59715		25 Gallatin		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDRILL, RICHARD M	1.2 NAME	HADDRILL, Richard M.
STREET ADDRESS	2311 S 7TH AVE	1.3 STREET ADDRESS	2311 S. 7th Avenue
CITY-ST-ZIP	BOZEMAN MT	1.4 CITY-ST-ZIP	Bozeman, MT 59715
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET M. BJORK	2.2 NAME	
STREET ADDRESS	2311 S. 7TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOZEMAN MT	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENWEIG, DENA J.	3.2 NAME	GALLAGHER, Dennis V.
STREET ADDRESS	115 PERIMETER CENTER PLACE SUITE 911	3.3 STREET ADDRESS	751 Pilot Road, Suite D
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Las Vegas, NV 89119
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CARSTENSEN, Susan J.
STREET ADDRESS		4.3 STREET ADDRESS	2311 S. 7th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bozeman, MT 59715
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 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 if changed, or on an attachment with an address.

SIGNATURE:  Janet M. Bjork 4/6/98 (406) 585-6600

CR2E034 (10/97)