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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90102 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38917
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2311 S. 7th Avenue Suite, Apt. #, etc. 22 City & State 23 Bozeman, MT Zip Country 24 59715 25 USA	2a. Mailing Address 26 2311 S. 7th Avenue Suite, Apt. #, etc. 27 City & State 28 Bozeman, MT Zip Country 29 59715 30 USA
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3. Date Incorporated or Qualified 05/21/1992	4. FEI Number 13-3666192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HADRILL, RICHARD M	
STREET ADDRESS	2311 S 7TH AVE	
CITY-ST-ZIP	BOZEMAN MT 59715	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JANET M. BJORK	
STREET ADDRESS	2311 S. 7TH AVE.	
CITY-ST-ZIP	BOZEMAN MT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, DENNIS V	
STREET ADDRESS	751 PILOT RD SUITE D	
CITY-ST-ZIP	LAS VEGAS NV 89119	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARSTENSEN, SUSAN J	
STREET ADDRESS	2311 S 7TH AVE	
CITY-ST-ZIP	BOZEMAN MT 59715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	115 Perimeter Center Place, Suite 911	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Beach	
2.3 STREET ADDRESS	115 Perimeter Center Place, Suite 911	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
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	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jay Schuttler	
5.3 STREET ADDRESS	2311 S. 7th Avenue	
5.4 CITY-ST-ZIP	Bozeman, MT 59715	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered

SIGNATURE: *Susan J. Carstensen* Susan J. Carstensen, Treasurer 4/14/99 406/585-6600
 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)