

AMENDED

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00. 2. Exact name of the limited liability company 000139870 Sportech Racing, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Delaware **Parimutuel Gambling Industry** 5. Principal office address 600 Long Wharf Drive New Haven 06511 CT 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title Frank Chesky General Counsel Street Address City State Zψ 600 Long Wharf Drive New Haven CT 06511 7, NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS - (XY BOX-FOR ATTACHMENT) -Manager Name Manager Name **Brooks H. Pierce** Street Address Street Address 600 Long Wharf Drive Zip City State New Haven 06511 Manager Name Street Address Street Address City State Zip 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED	
FEB 1 4 2011	
BY 9:45 This report must be	executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)

File Dare	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. February 10, 2011
Check No. 1833110Z	Signature of Authorized Person Date
89: Add \$1011Y) 423	Brooks H. Pierce, President
POR SECRETARY OF STATE USE ONLY TAY STATE OF STA	Print or Type Name of Authorized Person
RECEIVED	Form 632 Rev. 08/08



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

