

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation **BALLY GAMING, INC** 135853 3. Street Address Principal Business Office State 89119 6601 S. BERMUDA ROAD LAS VEGAS 4. Business Phone No. (702) 270-7644 5. State of Incorporation 6. SIC Code **NEVADA** 7 Brief Description of the Character of Business Conducted in Rhode Island SALE, DISTRIBUTION OF GAMING DEVICES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name RICHARD HADDRILL N/A Street Address Street Address 6601 S. BERMUDA ROAD LAS VEGAS Zip State NV 89119 Secretary Name Treasurer Name MARK LERNER ROBERT L. SAXTON 6601 S. BERMUDA ROAD 6601 S. BERMUDA ROAD State NV Zip 89119 LAS VEGAS 89119 LAS VEGAS NV 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name RICHARD HADDRILL Street Address 6601 S. BERMUDA ROAD State NV LAS /VEGAS City State Zip 89119 Director Name Director Name ROBERT L. SAXTON Street Address Street Address 6601 S. BERMUDA ROAD State Zip Cits State Z.lp 89119 NV LAS VEGAS 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,500 COMM NO PAR VALUE No Par 100 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements 2+14-05 File Date Signature of Officer Check No. MARK LERNER Print or Type Name of Officer **SECRETARY** FOR SECRETARY OF STATE USE ONLY Title of Officer



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				- 2004		
PROFIT CORPOR			RT FOR THE YEA	AR2004_		
Filing Period: January 1 - Mi FORM MUST BE TYPED OR PRINT		ling Fce: \$50.00				
I. Corporate ID No.	2. Name of Corpora	tion				
135653	BALLY GAMIN	IG, INC.				
3. Street Address Principal Business Q			City	State	Zip	
6601 S. Bermuda Road			Las Vegas	NV	89119	
1. Business Phone No. 5 State of Inco.		5 State of Incorporatio	п		6. SIC Code	
702-270-7600 NEVADA						
7. Brief Description of the Character of SALE, DISTRIBUTION OF						
3. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BÉFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Robert L. Miodunski		N/A				
Sircei Address		Street Address	Sirret Address			
6601 S. Bermuda Ro	pad					
City	State	Zip	City	State	Ζφ	
Las Vegas	NV	89119	.;			
Secretary Name			Treasurer Name			
Mark Lerner			Robert L. Saxto	Robert L. Saxton		
Street Address			Street Address	Street Address		
6601 S. Bermuda Ro	oad		6601 S. Bermuda	Road		
City	State	Zip	City .	State	Zip	
Las Vegas	NV	89119	Las Vegas	<u>N</u> V	89119	
	OF THE DIRECT	ORS: ("X" BOX FOR	(TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name			Director Name			
<u>Robert L. Mioduns</u>	k <u>i</u>					
Sirrei Address			Street Address			
6601 S. Bermuda R	*			<u> </u>	1.	
City Las Vegas	State NV	^{Ζιρ} 89119	City	State	Zip	
	J					
Director Name			Director Name			
Robert L. Saxton						
Street Address			Street Address		•	
6601 S. Bermuda R		12/2	:	I charte	124	
^{Cii} v Las Vegas	State NV	^{Zip} 89119	City	State	Zip	
10. SHARES AUTHORIZED	 ("X" BOX FOR A	· · · · · · · · · · · · · · · · · · ·	11. SHARES ISSUED	_("X" BOX FOR ATTACH		
AUTHORIZED SHARES			ISSUED SHARES	(
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2,500 COMM NO PAR VALUE			100	Common	No Par	
				-		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 3 5 6 5 3 *			
File Date	3.0.09			
Check No.	114502			
Ву:	149			
FOR SECRETARY OF STATE USE ONLY				

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 berein arcticle and correct.				
Signature of Officer	Date			
Mark Lerner				
Print or Type Name of Officer				
Secretary				
Title of Officer	Form 630 Rev. 12/03			