



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135653		2. Name of Corporation BALLY GAMING, INC.			
3. Street Address Principal Business Office 6601 S. BERMUDA ROAD			City LAS VEGAS	State NV	Zip 89119
4. Business Phone No. (702) 270-7644		5. State of Incorporation NEVADA			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD HADDRILL			Vice President Name N/A		
Street Address 6601 S. BERMUDA ROAD			Street Address		
City LAS VEGAS	State NV	Zip 89119	City	State	Zip
Secretary Name MARK LERNER			Treasurer Name ROBERT L. SAXTON		
Street Address 6601 S. BERMUDA ROAD			Street Address 6601 S. BERMUDA ROAD		
City LAS VEGAS	State NV	Zip 89119	City LAS VEGAS	State NV	Zip 89119
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD HADDRILL			Director Name		
Street Address 6601 S. BERMUDA ROAD			Street Address		
City LAS VEGAS	State NV	Zip 89119	City	State	Zip
Director Name ROBERT L. SAXTON			Director Name		
Street Address 6601 S. BERMUDA ROAD			Street Address		
City LAS VEGAS	State NV	Zip 89119	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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



135653

File Date	2-14-05
Check No.	137685
By:	MB-
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 herein are true and correct.

Signature of Officer

MARK LERNER

Print or Type Name of Officer

SECRETARY

Title of Officer



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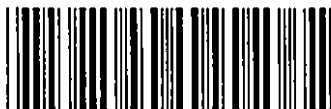
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135653		2. Name of Corporation BALLY GAMING, INC.		
3. Street Address Principal Business Office 6601 S. Bermuda Road		City Las Vegas	State NV	Zip 89119
4. Business Phone No. 702-270-7600		5. State of Incorporation NEVADA		6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert L. Miodunski		Vice President Name N/A		
Street Address 6601 S. Bermuda Road		Street Address		
City Las Vegas	State NV	Zip 89119	City	State
Secretary Name Mark Lerner		Treasurer Name Robert L. Saxton		
Street Address 6601 S. Bermuda Road		Street Address 6601 S. Bermuda Road		
City Las Vegas	State NV	Zip 89119	City Las Vegas	State NV
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Robert L. Miodunski		Director Name		
Street Address 6601 S. Bermuda Road		Street Address		
City Las Vegas	State NV	Zip 89119	City	State
Director Name Robert L. Saxton		Director Name		
Street Address 6601 S. Bermuda Road		Street Address		
City Las Vegas	State NV	Zip 89119	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
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 3.2.09
Check No. 114522
By: ML

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 herein are true and correct.

Mark Lerner
Signature of Officer Date

Mark Lerner
Print or Type Name of Officer

Secretary
Title of Officer