

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 I	-March 1 🗶 Fi	ling Fee: \$50.00	ORI FOR THE	IEAR	
(FORM MUST BE TYPED IN E	2. Name of Corpor				
25863	1				<u></u>
	United Tote (	company			
3. Street Address Principal Busin 11505 SUSQUEHANNA			City	State	Zip
4. Business Phone No.	IRAIL		GLEN ROCK	PA	17327-
7172274350		5. State of Incorporat	tion		6. SIC Code
-		MONTANA			7872
7. Brief Description of the Chare PROVIDE COMPUTERIZE	acter of Business Cond D PARI-MUTUEL	ucted in Rhode Island WAGERING BQUIPME	NT AND SERVICES		
8. NAMES AND ADDRESS	SES OF THE OFF	CERS ("X" BOX FOR	ATTACHMENT)   FILL IN SP	ACES BEFORE USING AT	TACHMENTS
Terry V. Woods			Vice President Name		
Street Address	<del></del>	·		alik (& Asst. Sed	cretary)
11505 Susquehanna	Trail		Street Address 888 Seventh Ave	enue, 16th Floor	
City	State	Zip	City	State	Zip
Glen Rock	PA	17327	· New York	NY	10106
Secretary Name Terry V. Woods			Tréasiurer Name		• • • • • • • • • • • •
Street Address	<del></del>		Terry V. Woods		
11505 Susquehanna	Trail		Street Address		
City	<del></del>	·	.11505 Susquehan	na Trail	
Glen Rock	State	Zip	City	State	Zip
	PA	17327	.Glen Rock	PA	17327
Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT   FILL IN S	SPACES BEFORE USING	TTACHMENTS TIMES
Joseph J. Tracy			Terry V. Woods		•
Street Address	<del>-</del> ·	<del></del>	Street Address	<del></del>	··
11505 Susquehanna	Trail		11505 Susquehan	na Trail	
City	State	Zip	•City	State	Zip
Glen Rock	PA	17327	Glen Rock	PA	17327
Director Name	1		Director Name		
Robert E. Michalik	:		·		
Street Address		· · · · · · · · · · · · · · · · · · ·	· Street Address		
888 Seventh Avenue	, 16th Floor		•		
City	State	Zip	.City	State	Zip
New York	NY	10106	•		'
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT) []	11. SHARES ISSUED ("X	" ROX FOR ATTACHMENT	
AUTHORIZED SHARES			ISSUED SHARES	Labora Oscilla McCanality	V
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,00 COMM NO PAR V	ALUE		1,000	common	no par value
	····				
This report					
nis report must be signed	d in ink by either	the President, Vice I	President, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Trustee
18 JISS 118 1 10 II	BITTER ATT				
2 5 8			•••		
	• 5		Under penalty of perj	jury, I declare and affirm th	nat I have examined
*05000 550 0	<u> </u>	$\neg$	this report, including	any accompanying schedu	ues and statements,
*25863 FBC 01/04/04/0	275 12 AM*		and that an statement	ts contained herein are true	and correct.
File Date APD		1 ~	-/am	Words	1/5/65
	2005 525	1851	Signature of Officer	De	11 J J J J
Check No	<del>- //</del>	1	- 1.7° 1.0°	ods	
'			Print or Type Name of t		
B <u>y:</u>		1		э <sub>р</sub>	
FOR SECRETARY OF STATE (	USE ONLY	i	President	<del></del> .	
<del>_</del>			Title of Officer		Form 630 12/01



Edward S. Inman, 111, Secretary of State Corporations Division

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 -		g Fee: \$50.00		7XIX	-	
(FORM MUST BE TYPED IN B. 1. Corporate ID No.	LACK) 2. Name of Corporation		<del></del>		<del></del> -	
25863	1 '					
3. Street Address Principal Busine	United Tote     w Office	Company	City	State	Zip	
11505 Susquehanna	<del></del>		Glen Rock	PA	17327	
4. Business Phone No.	11011	5. State of Incorporation	Gren Rock	IPA .	6. SIC Code	
717-227-4350		Montana			1	
7. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island	· ·	<del></del>	7872	
Provide computerize	•		ment			
9 NAMES AND ADDRESS				BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name .	DEPORE UNITO X1 IAC	didEN15	
Terry V. Woods			·Robert E. Michalik	(& Assistant Se	ecretary)	
Street Address			Street Address			
11505 Susquehanna			.888 Seventh Avenue	, Suite 1600		
City	State	Zip	City	State	Zip	
Glen Rock Secretary Name	I PA	17327	New York	NY	10016	
			Treasurer Name			
Terry V. Woods Street Address			· Terry V. Woods	·		
	Pan i I		Street Address			
11505 Susquehanna T	State	Zip	·11505 Susquehanna		<del></del>	
Glen Rock	PA	17327	City	State	Zip	
9. NAMES AND ADDRESS	1.		Glen Rock	PA	17327	
Director Name	IS OF THE DIRECT	ORS TA BUX FURAL	.Director Name	ES BEFORE USING ATTA	CHMENTS	
Joseph Traces						
Joseph Tracy Street Address	<del></del>	<del> </del>	Robert E. Michalik Street Address			
11505 Susquehanna	Frail		•	0.44	ļ	
City	State	Zip	.888 Seventh Avenue	State 1600	Zip	
Glen Rock	PA	17327	Glen Rock	[	1 '	
Director Name	J** · · · · · · · · · · · · · · · · · ·	1+132/	Director Name	PA	117,327	
Terry V. Woods			•		1	
Street Address	· · · · · · · · · · · · · · · · · · ·		*Street Address			
11505 Susquehanna T			•		1	
City	State	Zip	.City	State	Zip	
Glen Rock	PA	17327	<u>•</u>		1.	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	(CHMENT)	11. SHARES ISSUED ("X" BO.	X FOR ATTACHMENT)		
AUTHORIZED SHARES Number of Shares	Cl(C	D 1/-1	ISSUED SHARES	let m		
rumoer by shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
10.000		_				
10,000 C	ommon Stock	-O- Par Value	1,000	Comon Stock	No par value	
					1	
This report must be signed	Lin in his alst and	- D: / 10 D	11 . 0	<u> </u>	<u> </u>	
rnis report must be signed	in ink by either in	e President, vice Pre	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee	
<del></del>			Under penalty of perjury,	I declare and affirm that I	have examined	
			this report, including any	accompanying schedules a	and statements,	
	<del></del>	] ,	and that all statements cor	ntained herein are true and	correct.	
File Date		<b>b</b> /	70000 V 1	الد مامدالها	iclos	
1 HE DUILE	D ~10 23	$V_D$	Signature of Children	WOODA 1	15/04	
Check No RECEIVE	D 1 28	ľ	Signature of Officer	Date	1	
<del>'U' 8 () _                                 </del>	- 4.X-4.D		Terry V. Woods	<del></del>		
By: IAM O A 200	V 0	_	Print or Type Name of Office	7		
FOR SECRETARY OF STATE U	ISE ONLY		President			
		J	Title of Officer	<u> </u>	Form 630 12/01	



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 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN B					
1. Corporate ID No. *25863*	2. Name of Corpor United Tate (			· · · · · · ·	
	<u> </u>	Sompany			
3. Street Address Principal Business Office 11505 Susquehanna Trail			City Glen Rock	State PA	21p 17327
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code
(717) 227-4350		MONTANA	7872		
7. Bue Description of the Chara PROVIDE COMPUTERIZED	cter of Business Conc PARI-MUTUEL	hicted in Rivide Island WAGERING EQUIPM	ENT AND SERVICES		
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS C'N" BOX FOR	ATTACHMENT) [ HILL IN SI	ACES BEFORE USING AT	PTACHMENTS
Thomas J. Matthews			Vice President Name Joseph Murphy		<del>-</del>
Street Address		··	Street Address		
1085 Palms Airport	Drive		.1085 Palms Air	port Drive	
City	State	Zip	City	State	Zip
Las Vegas	NV	89119	Las Vegas	NV	89119
Secretary Name		• • • • • • • • • •	Treasurer Name		
	<u></u>		Sara Beth Brown	1	
	Desire		* Street Address		•
Joseph Murphy  Street Address  1085 Palms Airport Drive  City State Zip Las Vegas NV 89119  9. NAMES AND ADDRESSES OF THE DIRECTORS ("A" BOX I		.9295 Prototype Drive			
•		1 7	City	State	Zip
			Reno	NV	89521
9. NA VIES AND ADDRESS Director Name	ES OF THE DIRI	CTORS ("A" BOX FO		SPACES BEFORE USING	ATTACHMENTS
Thomas J. Matthews			Director Name		
			Joseph Murphy		
Street Address	During		Street Address		·,·
1085 Palms Airport	+		1085 Palms Air		
Las Vegas	State NV	Zip 89119	*City	State	Zıp
Director Name	J		Las Vegas	NV	89119
Sara Beth Brown			• Director Name		
Street Address	<del>_</del>		•	<del></del>	····
9295 Prototype Dri	ve		*Street Address		
City	State	Zip	City	State	Zip
Reno	NV	89521	•		'
10. SHARES AUTHORIZE	D CX" BOX FOR	TTACHMENT)	U. SHARES ISSUED (**	N" BOX FOR ATTACHMEN	מ"
AUTHORIZED SHARES			ISSUED SHARES	<del></del>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,00 COMM NO PAR V	ALUE		1000	Common	No par value
This report must be signed	l in ink by eithe	r the President, Vice	President, Secretary, Assi	stant Secretary, Treass	irer, Receiver or Trustee
1 /28118 11881 81181	(B)(B B)(BB A)				
	<u>                                     </u>				
	TENO DROĐ (IN 1881)		11	dum. I dealer : 4 - 0°	
* 2 5 8 6 3 *			Under penalty of pe	rjury, I declare and affirm	inat i nave examined

\*\*25863\* 1/27/038:06:27 PM\*

File Date 2/19/03

Check No. 000 2 17 4 2

By: 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.

_ 7	1-29-03	
Signature of Officer	Date	
Thomas J. Matthews		
Print or Type Name of Offices		

CEOIDresident

CEO/President



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

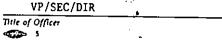
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE REA INSTRUCTION	) Je
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(FORM MUST BE TYPED IN	I BLACK)					
1. Corporate ID No.	2. Name of Corpora	2. Name of Corporation				
25863	United Tote	Company	•			
3. Street Address Principal Bus	iness Office	·	City	State		
9515 Deereco R  4. Business Phone No.	oad, Suite 200		Timonium	MD	21093	
(410) 561-7660		5. State of Incorporation MONTANA	on The state of th		6. SIC Cade 7872	
7. Brief Description of the Cha						
Provide comput	erized pari-mutuel	wagering equipment	and services			
8. NAMES AND ADD	RESSES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S REFORE LIGING ATTAC	TIME TAPM	
President Name and CEO		terrorren en e	Vice President Name And	Secretary:	umen12	
Donald R. Full	er		:	beetecary.		
Street Address			Joseph Murphy Street Address			
9515 Deereco R	oad, Suite 200		1085 Palms Airpo	rt Drive		
City	State	Zip	City	<del></del>	<del></del>	
Timonium	MD MD	21093	Las Vegas	State	Zip 89119	
feentary Name COO and	d Executive VP	••••••				
Kevin O'Keefe			Treasurer Name			
treet Address	······································	<u> </u>	Sara Beth Brown			
9515 Deereco R	oad. Suite 200		•	Street Address		
itu	·		9295 Prototype D	rive		
Timonium	State MD	Zip 21093	City Reno	State NV	Zip 89511	
NAMES AND ADDI	RESSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
			Director Name	. —		
Donald R. Fulle	er		Sara_Beth_Brown_			
treet Address			Street Address		<del></del>	
9515 Deereco Ro	oad, Suite 200		9295 Prototype Di	rive		
ity Timonium	State MD	21093	City Reno	State NV	Zip 89511	
irector Name	• • • • • • • • • • • • • • • • • • • •	•••••	Director Name			
Joseph Murphy			None Street Address			
reet Address	<del></del>	····				
1085 Palms Airp	ort Drive					
Las Vegas	State NV	Zip 89119	City	State	Zip	
O. SHARES AUTHORI	ZED ("X" BOX FOR ATTA	CHMENT)	11 SHADES ISSUED		<del></del> !	
JTHORIZED SHARES	711 40 114 T (7) 1111 111 111 11	Cindentify Co.		("X" BOX FOR ATTACHMENT)	<del></del>	
umber of Shares	Class/Series	Par Value	ISSUTED SHARES		<del></del>	
10,00 COMM NO PAR	<del> </del>	14, 14,00	Number of Shares	Class/Series	Par Value	
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ris report must be sig	gned in ink by eith	er the President. Vice	President, Secretary, Ass	istant Constant Tori	D'	
		INN	. resident, secretary, ASS	istant secretary, freasur	rer, Receiver or Trus	
H		<b>    </b>				
	LATIN TIA DE DIVIDI PARIT ALTAN ILI	IAPI				

	* 2 5 8 6 3 *
File Date:	2-14-02
Check No.:	247742
Ву:	de
	F STATE USE ONLY

	. (1
Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa that all statements contained herei	nying schedules and statements, and
South Munch	2/5/02
Signature of OMAr Joseph Murphy	Date
Print or Type Name of Officer	





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

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP.	Ì
PLEASE READ ? INSTRUCTIONS	J

orporate ID No. 25863					· <del></del>
	:	ote Company			
Street Address Principal Busin 2311 South 7th			City	State	Zip
Business Phone No.	Avenue		Bozeman	MT	59715
(406) 585-6600		S. State of Incorporation	n		6. 5/872
Brief Description of the Charac		In Phode Island	<del></del>		
Provide comput	erized pari-mu	ituél wagering e	quipment and servi	rec	
			CHMENT) X FILL IN SPACES		CHMENTS
esident Name			Vice President Name	BEFORE USING ATTA	CUMENIA
Donald R. Full	er, CEO/Presid	lent	Joseph Murphy		
eet Address			Street Address	· · · · · · · · · · · · · · · · · · ·	······
9515 Deereco Ro	- · - ·		815 Pilot Road	d, Suite G	
Timonium	State MD	21093	City Las Vegas	State	Zip
retary Name	,	21093		NV	89119
Joseph Murphy			Treasurer Name /CRO		
eet Address	<del></del>	<del></del>	Geoffrey_ASa	age	
815 Pilot Road	, Suite G		Street Address 8155PILot Road	d, Suite G	
y	State	Zip	City	State	Zip
Las Vegas	i nv	89119	Las Vegas	NV	89119
NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) _ FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS.
rector Name Donald R. Fulle			Director Name		
eel Address	: L		Joseph Murphy		
9515 Deereco Ro	oad. Suite 200	0	Street Address 815 Pilot Road	1 Cude C	
· · · · · · · · · · · · · · · · · · ·	State	Zip	City		
Timonium	MD	21093	Las Vegas	'State NV	89119
ector Nome			Director Name		
Geoffrey A. Sag	ge				
et Address			Street Address		
815 Pilot Road,		·			
Las Vegas	State NV	Zip 89119	City	State	! Zip
	1	<b>!</b>	<u> </u>		
SHARES AUTHORIZ	ED (*X* BOX FOR ATT)	CHMENT)		"X" BOX FOR ATTACHMENT	0 🗈
THORIZED SHARES There's	Classification		ISSUED SHARES	<del></del>	
10,000	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Common		1,000	Common	!
	<del></del>	;	—		
<del></del>		<del> </del>	President, Secretary, Ass	<del></del>	<u> </u>

111		
•	* 2 5 8 6 3 *	
C File Date:	120	
L Check No.:	233648	•
Ву	<u> </u>	
FOR SECRETARY O	F 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.

Strature of Officer Dog

2/14/01 Date

Geoffrey A. Sage
Print or Type Name of Officer

CFO/Treasurer/Director

Title of Officer

\_\_\_\_

## **United Tote Company**

# 8. NAMES AND ADDRESSES OF THE OFFICERS Attachment

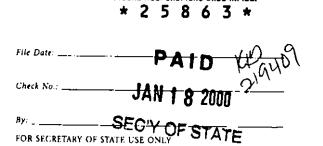
Name and	Business
Position	Address and
L	Telephone #
Kevin O'Keefe	United Tote Company
COO/Executive VP	9515 Deereco Road
	Suite 200
	Timonium, MD 21093-2153

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filling Period: January 1-March 1 • Filling Fee: \$50.00



2. Name of Corporation  25863 United Tote Company  3. Street Address Principal Business Office 2311 South 7th Avenue Bozeman  4. Business Phone No. (406) 585-6600  **NONTANA  7. Brief Description of the Character of Business Conducted in Rhode Island Provides computerized pari-mutuel wagering equipment and services  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  President Name Donald Fuller, President/Director  Street Address 9515 Deereco Road, Suite 200  State Timonium MD 21093-2153 Las Vegas  815 Pilot Road, Suite City State Joseph Murphy, VP/Secretary/Director  Street Address 415 Pilot Road, Suite City State Joseph Murphy, VP/Secretary/Director  Street Address 815 Pilot Road, Suite City State Joseph Murphy, VP/Secretary/Director  Street Address 815 Pilot Road, Suite City State Las Vegas NV 89119 Las Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE Director Name Michael D. Rumbolz  FILL IN SPACES BEFORE Director Name Donald Fuller, Presi	MT  USING ATTACE  CCTETATY/Di  E G	
3. Street Address Principal Business Office 2311 South 7th Avenue Bozeman  4. Business Phone No. (406) 585-6600  **MONTANA**  7. Brief Description of the Character of Business Conducted in Rhode Island Provides computerized pari-mutuel wagering equipment and services  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE President Name Donald Fuller, President/Director  Street Address 9515 Deereco Road, Suite 200  State Timonium MD 21093-2153 Las Vegas  Secretary Name Joseph Murphy, VP/Secretary/Director  Street Address 815 Pilot Road, Suite Geoffrey A. Sage, CF  Street Address 815 Pilot Road, Suite City State Joseph Murphy, VP/Secretary/Director Street Address 815 Pilot Road, Suite Geoffrey A. Sage, CF  Street Address 815 Pilot Road, Suite City State Las Vegas 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE Director Name Director Name Director Name Director Name	MT  USING ATTACE  CCTETATY/Di  E G	59715 6. SIC Code 7872 HMENTS
3. Street Address Principal Business Office 2311 South 7th Avenue  Bozeman  4. Business Phone No. (406) 585-6600  MONTANA  7. Brief Description of the Character of Business Conducted in Rhode Island Provides computerized pari-mutuel wagering equipment and services  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE President Name Donald Fuller, President/Director Street Address 9515 Deereco Road, Suite 200 Street Address 9515 Deereco Road, Suite 200 B15 Pilot Road, Suit City State Joseph Murphy, VP/Se Street Address Secretary Name Joseph Murphy, VP/Secretary/Director Freature Name Joseph Murphy, VP/Secretary/Director Street Address 815 Pilot Road, Suite City State Joseph Murphy, VP/Secretary/Director Geoffrey A. Sage, CF Street Address 815 Pilot Road, Suite City State Las Vegas 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE Director Name  Moderate Address Director Name Director Name  Director Name	MT  USING ATTACE  CCTETATY/Di  E G	59715 6. SIC Code 7872 HMENTS
MONTANA  7. Brief Description of the Character of Business Conducted in Rhode Island Provides computerized pari-mutual wagering equipment and services  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE President Name Donald Fuller, President/Director Street Address 9515 Deereco Road, Suite 200 815 Pilot Road, Suit City State Zip City State Joseph Murphy, VP/Secretary/Director Street Address 815 Pilot Road, Suit Geoffrey A. Sage, CF Street Address 815 Pilot Road, Suit City State Zip City State Las Vegas 815 Pilot Road, Suit City State Zip City State Las Vegas 815 Pilot Road, Suit City State Zip City State Las Vegas 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE Director Name  Director Name  Montana  Nontana  No	cretary/Di	7872 HMENTS
7. Brief Description of the Character of Business Conducted in Rhode Island Provides computerized pari-mutuel wagering equipment and services  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE President Name Donald Fuller, President/Director  Street Address 9515 Deereco Road, Suite 200  State  Timonium  MD  Director  Street Address  Secretary Name Joseph Murphy, VP/Secretary/Director  Street Address  815 Pilot Road, Suite Geoffrey A. Sage, CF Street Address  815 Pilot Road, Suite Geoffrey A. Sage, CF Street Address  815 Pilot Road, Suite Geoffrey A. Sage, CF Street Address  815 Pilot Road, Suite City State Las Vegas  NV  89119  Las Vegas  President Name Geoffrey A. Sage, CF Street Address Street	cretary/Di	HMENTS
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE  President Name Donald Fuller, President/Director  Street Address  9515 Deereco Road, Suite 200  State Timonium  MD  21093-2153  Secretary Name Joseph Murphy, VP/Secretary/Director  Street Address  815 Pilot Road, Suite  Geoffrey A. Sage, CF  Street Address  815 Pilot Road, Suite  Geoffrey A. Sage, CF  Street Address  815 Pilot Road, Suite  City  State  Zip  City  Street Address  815 Pilot Road, Suite  Geoffrey A. Sage, CF  Street Address  815 Pilot Road, Suite  Las Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  Director Name	cretary/Di	
Street Address  9515 Deereco Road, Suite 200  State  Timonium  MD  21093-2153  Las Vegas  Secretary Name  Joseph Murphy, VP/Secretary/Director  Street Address  815 Pilot Road, Suite  Geoffrey A. Sage, CF  Street Address  815 Pilot Road, Suite G  Street Address  815 Pilot Road, Suite G  City  Street Address  815 Pilot Road, Suite G  City  Street Address  815 Pilot Road, Suite G  City  Street Address  815 Pilot Road, Suite G  Street Address  815 Pilot Road, Suite G  Las Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  Director Name	e G	rector
City State Zip City State Timonium MD 21093-2153 Las Vegas  Secretary Name Joseph Murphy, VP/Secretary/Director Geoffrey A. Sage, CF  Street Address 815 Pilot Road, Suite G 815 Pilot Road, Suite G City State Zip City State Las Vegas NV 89119 Las Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFOR Director Name  Director Name		
Timonium MD 21093-2153 Las Vegas  Secretary Name Joseph Murphy, VP/Secretary/Director Geoffrey A. Sage, CF  Street Address 815 Pilot Road, Suite G 815 Pilot Road, Suite G City State Zip City State Las Vegas NV 89119 Las Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE Director Name  Director Name	NV	
Joseph Murphy, VP/Secretary/Director  Street Address  815 Pilot Road, Suite G  City  State  AB Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  Director Name  MANAGEMENT  Geoffrey A. Sage, CF  Street Address  Bis Pilot Road, Suit  City  Stat  Director Name  Director Name	• • • • • • •	zıp 89119
815 Pilot Road, Suite G  City State Las Vegas NV 89119 Las Vegas 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Director Name	0/Treasure	r
Las Vegas NV 89119 Las Vegas  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFOR  Director Name  Michael Director Name	ie G	
Director Name Director Name	· NV	zıp 89119
M2 1 . 1 D D 1 1	RE USING ATTA	CHMENTS
Donaid railel, flesi	dent/Direc	ctor
Street Address Street Address	•	
815 Pilot Road, Suite G (see above)		
City State Zip City State	 le	Zip
Las Vegas NV 89119		·
Joseph Murphy, VP/Secretary/Director		•• • •
Street Address  (see above)		
City State Zip City State	c	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES	JR ATTACHMENT)	
Number of Shares Class/Series Par Value Number of Shares Clas	ss/Series	Par Value
10,000 Common 1,000 C	Common	
· · · · · · · · · · · · · · · · · · ·		
This report must be <b>signed in ink</b> by either the President, Vice President, Secretary, Assistant Sec		



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. Senature of Officer Joseph Murphy Print or Type Name of Officer

Vice President/Secretary/Director Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED II	N BLACK)	•	÷		
1. Corporate ID No. <b>25863</b>	2. Name of Corporati				
3. Street Address Principal Bu	siness Office		City		
2311 South	7th Avenue		Bozeman	State MT .	Zip
4. Business Phone No.	· · · · · · · · · · · · · · · · · · ·	5. State of Incorporation	1	PIL	59715
(406) 585-66		MONTANA			6. SIC Code 7872
provides con	aracter of Business Conducted in nputerized pari-	Rhode Island nutuel wagering	equipment and ser	vices	
8. NAMES AND ADD	RESSES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE HOME	
President Name Chairn	nan:	TO THE TOTAL	: Vice President Name	BEFORE USING ATTAC	HMENTS
Richard M. 1	Haddrill		Jeffrey C. D	avicon	
Street Address	<del></del>	<del></del>	Street Address		
115 Perimete	er Center Place,	Suite 911	2311 South 7	th Avanua	
City	State	ZIP	: City		·
Atlanta	GA	30346	Bozeman	State	Zip 50715
Secretary Name				MT	59715
Vacant			Treasurer Name	•	
Street Address			Susan J. Car	stensen	
			Street Address	•	
City	State	Fai	2311 South 7	th Avenue	
,	) state	Zip	City	State	Zip
O MANAGE AND ADD	<u> </u>		Bozeman	MT	59715
Director Name	RESSES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) [ FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS.
Richard M. H			Director Name Jeffrey C. Da		
Street Address			: Street Address		<del></del>
115 Perimete	r Center Place,	Suite 911	2311 South 76	th Avenue	
City	State	Zip	City	State	2/-
Atlanta	GA	30346	Bozeman	MT	59715
Director Name			Director Name		
Susan J. Car	stensen		None		
Street Address		<del></del>	Street Address	<del></del>	
2311 South 7	th Avenue		Street Address		
City	State	Zip	· City	<del></del>	· · · · · · · · · · · · · · · · · · ·
Bozeman	МТ	59715	City	State	Zip
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nis report must be si	<b>igned in ink</b> by eithe	r the President, Vice	President, Secretary, Assi	stant Secretary, Treasu	rer. Receiver or Trus
	•		<b>7</b> ,		, necesses of itusi
1481	IZE JIEEF BIISI KANG ADAA ZAL	1881			

		·	<u> </u>
	* 2 5 8 6 3 *	Under penalty of perjury, I declare and affirm that I ha	ve examined
File Date:	Mh 22,99		statements, and ct.
Check No.:	110200	Signature of Officer Date	
Ву:	Sp	Susan J. Carstensen  Print or Type Name of Officer  Treasurer	
FOR SECRETARY OF	STATE USE ONLY	Title of Officer	



James R. Langevin, Secretary of State

Corporations Division

100 North Main Street, Providence, RI 02903-1335

401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP.
PLEASE READ!
INSTRUCTIONS

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporat	lon		<del></del>	
25863	United_Tote	Company			
3. Street Address Principal Business	Office		City	State	Zip
2311_S. 7th	Avenue.		Bozeman	Montana	59715
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(406) 585-66	00	MONTANA	· Marine		7872
7. Brief Description of the Character	of Business Conducted In	Rhode Island		· · · · · · · · · · · · · · · · · · ·	1012
providing comput	erized pari-	nutuel wagering	equipment and serv	ires	•
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) X SEE ATTAC	Vacanta and	
President Name Chairman			: Vice President Name		
Richard M. Haddr			Jeffrey C. Da	OFFICI	ERS/DIRECTORS
Street Address .			: Street Address	4425011	
2311_S7th_Aven	iie		2311 S. 7th A	Arranica	
City	State .	Zip	: City	State	Zip
Bozeman	MT	- 59715	Bozeman	MT	59715
Secretary Name	ordinario de grande de la companya de la companya de grande de la companya de la companya de la companya de la		Treasurer Name		
Dennis Gallaghe	r	•	:		
Street Address	. ,	<del></del>	Susan_JCan	-	
751 Pilot Road,	Suite D	•	2311 S. 7th	Assesses	
City	State	Zip	: City 4	State	Zip
Las Vegas	NV	89119	Bozeman	MT	1 -
9. NAMES AND ADDRESS			TACHMENT) (	141	59715
Director Name	ono or the place	CIONS CA BOATORAT	: Director Name	<del></del>	<del></del>
Richard M. Hadd	rill .		Jeffrey C. Da	nii can	
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	IV1SOII	· · · · · · · · · · · · · · · · · · ·
2311 S. 7th Ave:	nue	• •			
City	State	Zip	:2311_S7th_A	Venue	Zip
Bozeman	MT	59715"			
Director Name			Bozeman	lMT	59715
Sucan T Camaba		÷		•	
Susan_JCarster	nsen		: Street Address	· · · · · · · · · · · · · · · · · · ·	···
2311 S. 7th Aver	nue	•			
	State	Zip	City	State	Zip
Bozeman	MT	59715	The second secon		
10. SHARES AUTHORIZEI	D ("X" BOX FOR ATTA	CHMENT)	11 CHADEC ISSUED /	X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	N TOWN	CHMENT	ISSUED SHARES	A BOX FOR ATTACHMENT)	<u> </u>
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

12.5	* 2 5 8 6 3 *
File Date:	3/2
Check No.: _	-, 141618
By:FOR SECRETA	IRY 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.

2/23 /98
Signature of Officer Date

Signature of Officer

Janet M. Bjork

Print or Type Name of Officer

Assistant Secretary.

r. — 31 12 100

7

#### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY (AS OF FEBRUARY 11, 1998)

NAME

IITLE

Richard M. Haddrill

Chairman and Director

Jeffrey C. Davison

Vice President and Director

Donald R. Fuller

Vice President

Fred Metschulat, Jr.

Vice President

Susan J. Carstensen

Treasurer and Director

Janet M. Bjork

Assistant Secretary



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP:
INSTRUCTIONS:
COMPLETING.

1. Corporate ID No.	2. Name of Corpo	ration	<del> </del>	<del> </del>	THIS TOR
25863					
3. Street Address Principal Bus	United tot	e_Company		<del></del>	
	Avenue, Suite	200	City	State	1 Zip
4. Business Phone No.	Avenue, Suite	5. State of Incorporation	Billings	Montana	59101
(406) 248-222	)				6. SIC Code
7. Brief Description of the Cha		MONTANA		<del></del>	7872
9 MANAGE AND ADD	uterized pari-	mutuel wagering	quipment and serv	ices.	
President Name CEO	KE22E2 OF THE OF	FICERS ("X" BOX FOR ATTAC			
	Callette Hall De-	h	Vice President Name		
Street Address	Xnibit "A" Kic	hard M. Haddrill	<u>David B. Kinna</u>	rd ·	
	<b>a</b> o		Street Address		
2718 Montana A		——————————————————————————————————————	<u> 2718 Montana A</u>	venue, Suite 200	
•	State	Zip	City	State	Zip
Billings	MT	59101	Billings	MT	59101
Secretary Name			Treasurer Name	******************************	······································
<u>David B. Kinna</u>	r <u>d</u>		Jeffrey C. Dav	ison	
Street Address			Street Address		<del></del>
<u> 2718 Montana A</u>	<u>venue, Suite 2</u>	00	2718 Montana A	venue, Suite 200	
City	State	Zip	City	State	Zip
Billings	TM	59101	Billings	MT	59101
. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) IX	<del></del>	
Director Name			Director Name	<del>-</del>	<del></del>
See attached E	xhibit "A" Ri	chard M. Haddrill	David B. Kinn	ard .	
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
2718 Montana A	venue, Suite 2	00 ·	2718 Montana	Avenue, Suite 20	ń
City	State	Zip	City	State	Zip
Billings	MT	59101	Billings	MT	59101
Director Name	• • • • • • • • • • • • • • • • • • • •	······································	Director Name		
Gary Amundson	•		Jeffrey C. Da	ví con	
Street Address			Street Address		
2718 Montana A	venue. Suite 2	00	•	Avenue, Suite 20	·
City	State	Zip	: City	State	<del></del>
Billings	<sub>M</sub> T	59101	<b>;</b>	1	Zip
		"X" BOX FOR ATTACHMENT)	Billings	MT	59101
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File Date: 2-10-97	
Check No.: 69265	<del>-</del>
By:	_
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.

David B.	Kinnard	01/21/97
Signature of Officer		Date

David B. Kinnard Print or Type Name of Officer

Exec. V.P./C.O.O.

Title of Officer

#### EXHIBIT "A"

# OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY (As of May 1, 1996)

Name

Title

Richard M. Haddrill

Chief Executive Officer & Director

David B. Kinnard

Executive Vice President, Chief Operating

Officer, Secretary, General Counsel & Director

Gary Amundson

Senior Vice President & Director

James P. Baker

Senior Vice President

Donald R. Fuller

Senior Vice President

Fred Metschulat, Jr.

Vice President

Jeffrey C. Davison

Vice President, Treasurer & Director

All of the above persons have a business address of 2718 Montana Avenue, Suite 200, Billings, Montana 59101. No specific term of office is established for these officers and directors.

# PROFIT CURPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

	· · · · · · · · · · · · · · · · · · ·	PLEASE TYPE OR	PRINT IN BLACK INK.		
1 CORPORATE ID HO.	2. NAME OF CORPORATION				
25863	United	Tote Company	,		
3. STREET ADDRESS PROVCIPAL BUSINESS OFFICE			arv	STATE	ZIP COIDE
10115 Cabin Creek	Road		Shepherd	Montana	59079
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC 000E
(406) 373-5507		MONTANA			7872
7. BRILE DESCRIPTION OF THE CHARACTER OF BUS	INESS COMDUCTED IN RHODE ISL	AND	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Providing compute	rized pari-mu	tuel wagering	equipment & servic	es	
PRESIDENT HAME	8. NAM	ES AND ADDE	ESSES OF THE OF	FICERS	
Presently Vacanta			4		
Presently Vacant	<u></u> :		Linda K. Shelham	le r	<u></u>
			10115 Cabin Cree	de Dond	
CITY	STATE	ZIP CODE	an Capit Clee	STATE	ZIP COOE
			Shepherd	Montana	59079
SECRETARY NAME		<del></del>	TREASURER NAME	1.0.1.0	37017
Linda K. Shelhame	r	<del></del> .	Linda K. Shelham	ner	<del></del>
10115 Cabin Creek	Dood				
ary Cabin Creek	STATE	∑2º 000€	10115 Cabin Cree	k Road	T ZIP COD€
Shepherd	Montana	59079	Shepherd	Montana	
			ESSES OF THE DI	Montana	59079
DRECTOR NAME			DIRECTOR NAME	HE G T G H S	
Llovd Shelhamer	•		Linda K. Shelham	10 P	
			STREET ADDRESS	ier	<del>-</del>
10115 Cabin Creek	Road		10115 Cabin Cree	k Road	
CITY	STATE	ZIP CODE	αίν	STATE	ZIP COOE
Shepherd	Montana	59079	Shepherd Orector NAME	Montana	59079
			•		
Gary R. Amundson			Presently Vacant		
10115 Cabin Creek	Road		J. L. Coreso		
OTY -	STATE	ZIP CODE	ary	STATE	T ZIP CODE
Shepherd	Montana	59079		Janua,	1.500
			IZED AND ISSUED		
<del></del> -	AUTHORIZED SHARES	- 1 - 3 × 0 1 11 0 11	112ED AND 1330EU	ISSUED SHARES	
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10,000	Common		1,000	Common	
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	This	report must be SIC	GNED IN INK by either th	e	

胡鸡

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 contained herein are true and correct.

File Date: 05 96

Check No:

Ву:

For Secretary of State Use Only



David B. Kinnard

David B. Kinnard

Print or Type Name of Officer

Vice President

01/19/96

Title of Officer

Signature of Officer

Date

DETACH DOTTOM DEED DETUDING

#### **EXHIBIT "A"**

### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY

N	a	m	e

Title

Lloyd Shelhamer
(Presently Vacant)
Linda K. Shelhamer

Gary R. Amundson

James P. Baker Paul Ficarro Donald R. Fuller David B. Kinnard

Fred Metschulat, Jr.

Chairman & Director
President & Director
Executive Vice President,
Secretary-Treasurer &
Director
Senior Vice President &
Director
Senior Vice President
Vice President
Vice President
Vice President
Vice President, Asst.
Secretary & General
Counsel
Vice President

All of the above persons have a business address of 10115 Cabin Creek Road, Shepherd, Montana 59079. No specific term of office is established for these officers and directors.

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Name of Corporation: Business entity organized under the laws of the State of 3 Montana For foreign entity, address and elephone number of principal office: 10115. Cabin. Creek Road Shepherd, Montana 59079  Phone: 1965. 373-5507  Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  THE NAMES OF THE OFFICERS ARE:  See attached Exhibit "A"  THE NAMES OF THE OFFICERS ARE:  STRUCT ADDRESS  STRUCT ADDRESS  THE NAMES OF THE DIFFCTORS ARE:  THE NAMES OF THE DIFFCTORS ARE:  STRUCT ADDRESS  THE NAMES OF THE DIFFCTORS ARE:  THE NAMES OF THE DIFFCTORS ARE:  THE NAMES OF THE DIFFCTORS ARE:  STRUCT ADDRESS  THE NAMES OF THE DIFFCTORS ARE:  THE NAMES OF THE DIFFCTORS ARE:  STRUCT ADDRESS  THE NAMES OF THE DIFFCTORS ARE:  THE NAME OF THE DIFFCTORS ARE:  THE NAMES OF THE DIFFCTORS ARE:  THE NAME OF THE DIFFCTOR	Corporate ID:	Annual Report for the year:
Business entity organized under the laws of the State of 9 Montana For froiting entity, address and elephone number of principal office:	United Tot	e Company
THE NAMES OF THE OFFICERS ARE:   STREET ADDRESS   STREET ADDRESS   CHYSTATE   ZIPCODE	Name of Corporation:	
Professional Service Corporation (See RIGI. Chapter 7-5.1)   Shepherd, Montana 59079	For foreign active address and a large	· · · · · · · · · · · · · · · · · · ·
### STREET ADDRESS CITYSTATE ### STREET ADDRESS CITYSTATE ### CODE    PROSECULAR   STREET ADDRESS   STREET A	10115 Cabin Creek Road	· · · · · · · · · · · · · · · · · · ·
Phone: 1906 2 373-5507 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  Phone: 1	Shepherd Montana 59079	Professional Service Corporation (See RIGL Chapter 7-5.1)
Providing_computerized pari_mutue  Island (Provide street address - Not P.O. Box):  THE NAMES OF THE OFFICERS ARE:  PREMIUNT STREET ADDRESS  THE NAMES OF THE OFFICERS ARE:  PREMIUNT STREET ADDRESS  CITYATATE  THE NAMES OF THE OFFICERS ARE:  PREMIUNT STREET ADDRESS  CITYATATE  THE OFFICERS ARE:  THE NAMES OF THE OFFICERS ARE:  THE PRINCIPLE  STREET ADDRESS  CITYATATE  THE CODE  THE NAMES OF THE DIRECTORS ARE:  THE NAME OF SHARES ALTHORIZED (Rider may be attached)  NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)  Number of Shares  Class / Series  10,000  Common  Date  January 23, 19 95  By:  Devid B. Kinnard  PREMICE TO SERVICE OF PROCESS:		
Island (Provide street address - Not P.O. Box):   wagering equipment & services	Phone: (406_) 373-5507	
PHONE: ( )  THE NAMES OF THE OFFICERS ARE:  PRESIDENT  SCHAFFLADDRESS CITYSTATE  PRESIDENT  STREET ADDRESS CITYSTATE  PRESIDENT  STREET ADDRESS CITYSTATE  PRESIDENT  STREET ADDRESS CITYSTATE  PRESIDENT  THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS CITYSTATE  APP CODE  NAME  STREET ADDRESS CITYSTATE  APP CODE  NAME  STREET ADDRESS CITYSTATE  APP CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares  Class / Series  Number of Shar	Address and telephone of the principal office of business of	
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THE NAMES OF THE OFFICERS ARE:  PRESIDENT  See attached Exhibit "A"  VICE PRISIDENT  STREET ADDRESS  CITYSTATE  THE NAMES OF THE DIRECTORS ARE:  TREASTRATE  STREET ADDRESS  CITYSTATE  THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS  CITYSTATE  THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS  CITYSTATE  THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS  CITYSTATE  THE NAME  STREET ADDRESS  CITYSTATE  THE OUDE  NAME  STREET ADDRESS  CITYSTATE  THE OUDE OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  10,000  Common  Date  January 23, 19 95  By:  David B. Kirmand  FRENTOR W/ 18 - Winnard  BESIGNATED REGISTER DA ACENT FOR SERVICE OF PROCESS:		
THE NAMES OF THE OFFICERS ARE:  SEE attached Exhibit "A"  STREPT ADDRESS CITYSTATE 71PCODE  SECRETARY STREPT ADDRESS CITYSTATE 71PCODE  SECRETARY STREPT ADDRESS CITYSTATE 71PCODE  SECRETARY STREPT ADDRESS CITYSTATE 71PCODE  STREPT ADDRESS CITYSTATE 71PCODE  NAME THE NAMES OF THE DIRECTORS ARE:  STREPT ADDRESS CITYSTATE 71PCODE  NAME STREPT ADDRESS CITYSTATE 71PCODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)  Number of Shares Class / Series Number of Shares Class / Senes  10,000 Common 1,000 Common  Date January 23, 19 95  By: Advance of Shared 71PCODE  PRINTING TO SPIT ADDRESS CITYSTATE 71PCODE  David B. Kirmard 71PCODE  PRINTING TO SPIT ADDRESS CITYSTATE 71PCODE  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		
See attached Exhibit "A"  STREET ADDRESS CITYSTATE 7/P CODE  SECRETARY STREET ADDRESS CITYSTATE 7/P CODE  SECRETARY STREET ADDRESS CITYSTATE 7/P CODE  TREASURER STREET ADDRESS CITYSTATE 7/P CODE  TREASURER STREET ADDRESS CITYSTATE 7/P CODE  SEE attached Exhibit "A"  NAME STREET ADDRESS CITYSTATE 7/P CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares Class / Series Number of Shares Class / Series  10,000 Common  Date January 23, 19 95  By: January By: J	Phone: (	
See attached Exhibit "A"  STREET ADDRESS CITYSTATE 7/P CODE  SECRETARY STREET ADDRESS CITYSTATE 7/P CODE  SECRETARY STREET ADDRESS CITYSTATE 7/P CODE  TREASURER STREET ADDRESS CITYSTATE 7/P CODE  TREASURER STREET ADDRESS CITYSTATE 7/P CODE  SEE attached Exhibit "A"  NAME STREET ADDRESS CITYSTATE 7/P CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares Class / Series Number of Shares Class / Series  10,000 Common  Date January 23, 19 95  By: January By: J		THE NAMES OF THE OFFICERS ADD.
STREET ADDRESS CITY/STATE 7/P/CODE  SECRETARY STREET ADDRESS CITY/STATE 7/P/CODE  TREASURER STREET ADDRESS CITY/STATE 7/P/CODE  THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE 7/P/CODE  SECRETARION STREET ADDRESS CITY/STATE 7/P/CODE  NAME STREET ADDRESS CITY/STATE 7/P/CODE  NAME STREET ADDRESS CITY/STATE 7/P/CODE  NAME STREET ADDRESS CITY/STATE 7/P/CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares Class / Series Number of Shares Class / Senes  10,000 Common  Date January 23, 19 95  By: David B. Kinnard  PRINT OR VIT SEMIPPERSTORMEN  THE FORDER'S STREET ADDRESS  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	PRESIDENT	CONTRACT A DESIGNATION OF THE PROPERTY OF THE
SECRETARY  STREET ADDRESS CITY/STATE 7JP CODE  TREASURER  STREET ADDRESS CITY/STATE 7JP CODE  TREASURER  STREET ADDRESS CITY/STATE 7JP CODE  NAME  THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE 7JP CODE  NAME  STREET ADDRESS CITY/STATE 7JP CODE  NAME  STREET ADDRESS CITY/STATE 7JP CODE  NAME  STREET ADDRESS CITY/STATE 7JP CODE  NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)  Number of Shares Class / Series Title of Optice State (State)  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		
THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS  CITY/STATE  THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS  CITY/STATE  STREET ADDRESS  CITY/STATE  ZIP CODE  NAME  STREET ADDRESS  CITY/STATE  ZIP CODE  NAME  STREET ADDRESS  CITY/STATE  ZIP CODE  NAME  STREET ADDRESS  CITY/STATE  ZIP CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  Class / Series  10,000  Common  Date  January 23, 19 95  By:  David B. Kinnard  PRINT OR WIT STREET ADDRESS  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	VICE PRESIDENT	STREET ADDRESS CITY/STATE ZIP CODE
THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS CITY/STATE STREET ADDRESS CITY/STATE ZIP CODE  NAME STREET ADDRESS CITY/STATE ZIP CODE  NAME STREET ADDRESS CITY/STATE ZIP CODE  NAME STREET ADDRESS CITY/STATE ZIP CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series 10,000 Common  Date  January 23, 19 95 By:  David B. Kinnard  FRINT OR WIT SEMPS LIGHT NOT  TITLE OF OPPOCES SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	SECRETARY	STREET ADDRESS (TTV/6-T-ST)
THE NAMES OF THE DIRECTORS ARE:  STREET ADDRESS CITYSTATE  STREET ADDRESS CITYSTATE  ZIP CODE  NAME  STREET ADDRESS CITYSTATE  ZIP CODE  NAME  STREET ADDRESS CITYSTATE  ZIP CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares Class / Series  Number of Shares Class / Series  Number of Shares  10,000  Common  Date  January 23, 19 95  By:  David B. Kinnard  FRINTOR NY 1985 FOR SERVICE OF PROCESS:		ZIPCODE
See attached Exhibit "A"  STREET ADDRESS CITY/STATE CIT	TREASURER	STREET ADDRESS CITY/STATE ZIP CODE
See attached Exhibit "A"  STREET ADDRESS CITY/STATE CIT		
See attached Exhibit "A"  NAME  STREET ADDRESS  CHYATATE  ZIP CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  Class / Series  Number of Shares  Class / Series  Number of Shares  10,000  Common  Date  January 23, 19 95  By:  David B. Kinnard  PRINT OR WY 24 PPP CLASS AUTHORIZED  PRINT OR WY 24 PPP CLASS AUTHORIZED  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	NAME T	CIRCUT ADDRESS
NAME  STREET ADDRESS  CITY/STATE  ZIP CODE  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  Number of Shares  Number of Shares  Class / Series  Number of Shares  Number of Shares  Number	<del></del>	ZIPCODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  Number of S	NAME	STREET ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  Class / Series  Number of Shares  Class / Series  10,000  Common  Date January 23, 19 95  By: January B Vinard  PRINT OR VI COMPETER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	NAME	CURITY ADMINISTRA
Number of Shares  Class / Series  Number of Shares  Class / Series  10,000  Common  1,000  Common  Date January 23, 19 95  By: January B Kinnard  PRINT OR TYPE OF OFFICER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		STREET ADDRESS CHYSTATE ZIP CODE
Number of Shares  Class / Series  Number of Shares  Class / Series  10,000  Common  Date January 23, 19 95  By: January 24 Kinnard  PRINT OR TYPE OF OFFICER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	NUMBER OF SHARES AUTHORIZED (Rider may be attach	ed) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
10,000 Common  1,000 Common  Date January 23, 19 95  By: January By Kinnard  PRINT OF TWY LEW PERSONING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Number of Shares Class / Series	
Date January 23, 19 95  By: Javid B Kinnard  PRINT OR BY: AMPRESIDENCE  TITLE OF OFFICER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	10 000	·
David B. Kinnard  PRINT OF WE AMPPERSONNG  TITLE OF OFFICER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Camen	1,000 Common
David B. Kinnard  PRINT OF WE AMPPERSONNG  TITLE OF OFFICER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		
Form 31 1/95  David B. Kinnard  PRINT OR TWIT AMERICANNG  TITLE OF OFFICER SIGNING  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Date	By: David B. Kinnard
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		David B. Kinnard
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:  PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.	Form 31 1/95	TITLE OF OFFICER SIGNING
PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.	DESIGNATED I	REGISTERED AGENT FOR SERVICE OF PROCESS.
	PLEASE NOTE: If the registered office and/or registered	agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

**FILED** 

MAR 0 1 1995

100 5516,

#### **EXHIBIT "A"**

### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY

(As of January 1, 1995)

Lloyd Shelhamer Chairman of the Board & Director

John H. Shelhamer President & Director

Linda K. Shelhamer Executive Vice President,

Secretary/Treasurer & Director

Gary R. Amundson Senior Vice President

Business Development & Director

James P. Baker Senior Vice President

Wagering Technologies

Donald Fuller Senior Vice President

**Customer Service** 

Paul J. Ficarro Vice President International Sales

Fred S. Metschulat, Jr. Vice President Marketing

Jorge A. Paz Rodriguez Vice President International

David B. Kinnard Vice President, Assistant Secretary &

General Counsel

All of the above persons have a business address of 10115 Cabin Creek Road, Shepherd, Montana 59079. No specific term of office is established for these officers and directors.

Filing Fee \$50.00 Payable to: Secretary of State

### PLEASE TYPE or PRINT State of Rhode Island and Providence Plantations

1780693

File Annually 1.1.C: Sept. 1 - Nov. 1 CORP. Jan. 1 - March 1

#### Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

1994 0025863 Corporate ID. \_ Annual Report for the year: \_ United Tota Company Name of Business Entity \_ Business Entity is (check one): Montana Business entity organized under the laws of the State of [X] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification Number: [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) [ ] Limited Liability Company (See RIGL 7-16). For foreign entity, address and telephone number of principal office Name, title and mailing address of contact person to whom 10115 Cabin Creek Road\_ communications may be directed: Shepherd, Montana 59079 Dave Kinnard - Vice President Zera to be deliberate and 10115 Cabin Creek Road Phone ( 406)373-5507 Shepherd, Montana 59079 Address and telephone of the principal office of husiness entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island: None providing computerized pari-mutuel wagering equipment & services Date of Organization. September 12, 1975 Date of Qualification to do business in Rhode Island (if foreign entity): Phone: ( April 30, 1984 THE NAMES OF THE OFFICERS ARE: THE CHESIF EXECUTIVE OFFICER OR . TO PRESIDENT COMES OWN STREET ALIDRESS See attached Exhibit "A" SZEJNOKIA TEJENTS CHIEF OPERATING OFFICER ON THE VICE PRESIDENT (TWO ONE) . ZIP COOL CUSTODIAN OF RECORDS OR . SECRETARY (Check the) CHYSTATE [] CHOFF ENANCIAL OFFICER OR [] TREASURER G MICOSO STREET ADDRESS ZIP CODE: THE NAMES OF THE DIRECTORS ARE: CITY/STATE ZIP CODE See attached Exhibit "A ZIP CODE CONSTAR STREET ADDRESS STREET ADDRESS CHYSTATE NAME NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) 1,000 NUMBER NUMBER 10,000 CLASS CLASS Common Common SERIES SERIES PAR VALUE OR PAR VALUE OR WITHOUT PAR WITHOUT PAR February 4 . 19 94 Dave Kinnardr TYPE NAME OF OFFICER SIGNIM Vice President TITLE OF DEFICER SIGNING DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

#### EXHIBIT "A"

### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY

(As of January 1, 1994)

Lloyd Shelhamer John H. Shelhamer Linda K. Shelhamer

Chairman & Director President & Director Executive Vice President,

Gary Amundson

Secretary-Treasurer & Director

James P. Baker

Senior Vice President & Director Senior Vice President

Keith A. Hermanson Paul J. Ficarro

Vice President Vice President Vice President

Fred S. Metschulat, Jr. Jorge Paz Rodriguez

Vice President

David B. Kinnard

Vice President, Asst. Secretary

& General Counsel

All of the above persons have a business address of 10115 Cabin Creek Road, Shepherd, Montana 59079. No specific term of office is established for these officers and directors.

[The remainder of this page is intentionally left blank.]

# State of Rhode Island and Frovidence Flantations Corporations division 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	5863	Annual Report for the year	1993
FIRST: The name of	the corporation is	United Tote Company	
	orated under the laws of		
THIRD: Character of		providing computerized pari-u	
	corporation, address of its p	orincipal office 10115 Cabin Cree	k Road
FIFTH: Business addi	ress in Rhode Island	None	
SIXTH: Names and a	ddresses of its directors and	d officers: (Address (including number, street	Attach rider if necessary)
See attached Exhib	it A Director		
	Director		
	Director	4 2 3	
	President		
	Vice Presid	dent	
•			
······································	Secretary  Treasurer		
SEVENTH: Number of	of Shares authorized:		Par Value or statement that shares are without
No. of Shares 10,000	Class Common	Series	par value NPV
10,000	<b>50</b>	PAID	
Eighth: Number of	f Shares issued:	JAN 2 9 1993	Par Value
No. of Shares	Class Common	Series SEC'Y OF STATE	or statement that shares are without par value NPV
Dated January 26,	19 <u>93</u>	United Tote Company (Name of Corporation)	
		By Lavid B. Kinnard	<i>!</i>
(Report must be s	signed by an officer)	Title Assistant Secretary	

#### EXHIBIT "A"

# OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY (As of December 31, 1992)

Lloyd Shelhamer
John H. Shelhamer
Linda K. Shelhamer
Gary R. Amundson
James P. Baker

Jorge A. Paz Rodriguez

David B. Kinnard

Chairman of the Board & Director

President & Director

Executive V.P. CFO & Director Sr. Vice President & Director

Sr. Vice President Vice President

Vice President, Assistant Secretary

and General Counsel

All of the above persons have a business address of 10115 Cabin Creek Road, Shepherd, Montana 59079. No specific term of office is established for these officers and directors.

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

, ≶st≥	100 NORTH 1	nd Providence Plant ONS DIVISION MAIN STREET ODE ISLAND 02903	ations (1379)
Corporate ID	0025853	Annual Report for th	e year1392
FIRST: The name of	of the corporation is	United Tote Co	DWE BANY
SECOND: It is inco	rporated under the laws of	.Montana	
THIRD: Character equipment and se	of business, briefly stated, is .P.	roviding computerized p	ari-mutuel wagering
FOURTH: If foreign	n corporation, address of its pri	ncipal office 10115 Cabin	Creek Road,
Shepherd, Montar			
FIFTH: Business ad	Idress in Rhode IslandNo	ne	
	<u> </u>		-
SIXTH: Names and	l addresses of its directors and o		(Attach rider if necessary)
See attached Exi	nibit A Director		
	Director		······
	Director	· · · · · · · · · · · · · · · · · · ·	······
	President		
	Vice Presider	ıt	
	Secretary		
	Treasurer		•••••
	r of Shares authorized:	Da.	Par Value
No of Shares	Class	PAID FFD Series	or statement that shares are without par value
10,000	Common	FEB 1 4 1992 SEC'Y OF STATE	NPV
		OFSTATE	
Eighth: Number	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1,000	Common		NPV
Dated February 11	1992	United Tote Company Name of Corporation)	
	. B	y David B. Ki	nnard
(Report must be	signed by an officer) T	itle Assistant Secretar	у

#### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY (As of February 1, 1992)

Name: Lloyd Shelhamer

Residence: 2114 Interlachen Drive, Billings, Montana 59105

Office Held: Chairman and Director

Name: John H. Shelhamer

Residence: 2909 Gregory Drive, Billings, Montana 59102

Office Held: President and Director

Name: Gary Amundson

Residence: 2131 Constellation Trail, Billings, Montana 59105 Office Held: Vice President of Business Development and Director

Name: Linda K. Shelhamer

Residence: 652 Tabriz, Billings, Montana 59105 Office Held: Secretary - Treasurer & Director

Name: James P. Baker

Residence: 301 Clark Avenue, Billings, Montana 59105 Office Held: Vice President of Special Projects and Engineering

Name: John D. Revelle

Residence: 4250 Cobalt Drive, La Mesa, California 92041 Office Held: Vice President Software and System Development

Name: Richard C. Pollard

Residence: Box 131, 20 Carriage Run, Kemblesville, Pennsylvania 19347

Office Held: Vice President - Eastern Operations

Name: David B. Kinnard

Residence: 918 North 32nd Street, Billings, Montana 59101

Office Held: Assistant Secretary and General Counsel

# UNITED TOTE

Advanced Wagering Systems

UNITED TOTE COMPANY Corporate Office 10115 Cabin Creek Road Shepherd, Montana 59079-3599

(406) 373-5507 FAX: (406) 373-6615

Research and Development 5555 Magnatron Boulevard Suite E San Diego, California 92111 (619) 279-4250 FAX: (619) 279-3306

Eastern Customer Service 510 Interchange Boulevard Newark, Delaware 19711

(302) 453-8758 FAX: (302) 453-8793

United Tote Canada Inc. #15 1391 St. James Street Winnipeg, Manitoba Canada R3H 0Z1

(204) 788-4737 FAX: (204) 788-4716 February 11, 1992

Secretary of State Corporations Division 100 North Main Street Providence, R.I. 02903

Re: Annual Report for United Tote Company

Dear Sir or Madam:

Enclosed please find the 1992 Annual Report for United Tote Company and our check in the amount of \$50.00 representing the filing fee, made payable to your office.

Please acknowledge receipt of the enclosed materials by stamping the filing date on the enclosed copy of this letter and returning the stamped copy to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please don't hesitate to call me at the Shepherd number listed above.

Very truly yours,

Dave Kinnard

Dave Kinnard General Counsel

Enclosures

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0025863	Annual Report for the y	year1991
First:	The name of the corporation is	United Tate Compa	
Second	: It is incorporated under the laws	of Delaware	
	ment and corvices	d, isProviding.computerized.p	
Fourth		f its principal office10115CabinC	reek Road.
~			59079
<b>Гі</b> гтн:	Business address in Rhode Island	None	
Sixth:	Names and addresses of its directo	rs and officers: (See Attached) Office Address (including num	(Attach rider if necessary)
	Direct	tor	••••••••••••••••••••••••••••••
	Direct	tor	•••••
****************	Direct	tor	
	Presid	lent	
•		President	
***************************************	Secret		
******************	Treas	urer	
Seventi	H: Number of Shares authorized:		Par Value or statement that
No. of St	hares Class	Series PAID	shares are without par value
10,000	O Common	SECY OF STATE	NPV
	·	C'Y OF S	
Еібнти:	Number of Shares issued:	STATE	Par Value or statement that
No. of St	hares Class	Series	shares are without par value
1,000	Common		NPV
DatedFel	bruary 26 1991.	United Tote Company (Name of Corporation)	
		By Savid B. Kimard	L
(R Form 31 1/85	Report must be signed by an officer)	Title Assistant Secretary	

#### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY (As of February 26, 1991)

Name: John H. Shelhamer

Residence: 2909 Gregory Drive, Billings, Montana 59102

Office Held: President and Director

Name: David W. Jorgenson Residence: 3427 Timberline Drive, Billings, Montana 59102 Office Held: Senior Vice President - Finance and Director

Name: Gary Amundson

Residence: 2131 Constellation Trail, Billings, Montana 59105 Office Held: Vice President of Business Development and Director

Name: James P. Baker

Residence: P.O. Box 215, Shepherd, Montana 59079

Office Held: Vice President of Special Projects and Engineering

Name: John D. Revelle

Residence: 4250 Cobalt Drive, La Mesa, California 92041 Office Held: Vice President Software and System Development

Name: Richard C. Pollard

Residence: Box 131, 20 Carriage Run, Kemblesville, Pennsylvania 19347

Office Held: Vice President - Eastern Operations

Name: Linda K. Shelhamer

Residence: #1 Hillcrest Lane, Elkton, Maryland 21921

Office Held: Secretary - Treasurer

Name: David B. Kinnard

Residence: 918 North 32nd Street, Billings, Montana 59101 Office Held: Assistant Secretary and General Counsel

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

·Corporate II	0025863		Annual Report for the y	ear 1990
First:	The name of the corpora	ation isUn	ited Tote Company	
SECONE	o: It is incorporated und	er the laws of Del	aware	
THIRD:	Character of business, b	oriefly stated, is Provi	ding computerized pa	ir-mutuel wagering
equipm	nent and services.		•••••	•••••
Fourth	H: If foreign corporation,	, address of its principal	office 10115 Cabin C	reek Road
•••••••••••••••••••••••••••••••••••••••			Shepherd, MT	
<b>Г</b> ІГТН:	Business address in Rhoo	de Island None	······································	·····
Ѕіхтн:	Names and addresses of	its directors and officer	s: (See Attached) Address (including num)	(Attach rider if necessary) Ser, street, zip code)
14.	••••••	Director		•••••
		Director		······
		Director	•••••	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		President		
SECRETARY 6627063 AT		Vice President		
Se GE				
	•	Treasurer		
Seventi	н: Number of Shares au			Par Value
				or statement that shares are without
No. of Si 10,00		ass nmon	Series	par value NPV
10,00				
Еіднтн	Number of Shares issue	ed:		Par Value or statement that
No. of SI		ass	Series	shares are without par value
1,000	) Con	nmon		NPV
Dated Feb	oruary 26, 1		ed Tote Company	
		Ву	wid B. Kinnard	
(R	Report must be signed by an off	•	sistant Secretary	

#### OFFICERS AND DIRECTORS OF UNITED TOTE COMPANY (As of January 26, 1990)

Name: James H. Pierce

Residence: 1207 Malvern Avenue, Ruxton, Maryland 21204

Office Held: President

Name: John H. Shelhamer

Residence: 2909 Gregory Drive, Billings, Montana 59102 Office Held: Executive Vice President, General Manager and Director

Name: David W. Jorgenson

Residence: 3427 Timberline Drive, Billings, Montana 59102 Office Held: Senior Vice President - Finance and Director

Name: Gary Amundson

Residence: 2131 Constellation Trail, Billings, Montana 59105 Office Held: Vice President of Business Development and Director

Name: James P. Baker

Residence: P.O. Box 215, Shepherd, Montana 59079

Office Held: Vice President of Special Projects and Engineering

Name: John D. Revelle

Residence: 4250 Cobalt Drive, La Mesa, California 92041 Office Held: Vice President Software and System Development

Name: Richard C. Pollard

Residence: Box 131, 20 Carriage Run, Kemblesville, Pennsylvania 19347

Office Held: Vice President - Eastern Operations

Name: Linda K. Shelhamer

Residence: 7703 Highway 312 East, Billings, Montana 59105

Office Held: Secretary

Name: David B. Kinnard

Residence: 918 North 32nd Street, Billings, Montana 59101 Office Held: Assistant Secretary and General Counsel

Name: Pat Emerson

Residence: 2801 Glenwood, Billings, Montana 59102

Office Held: Treasurer

Form 31 1/85

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

1987

Corporate ID	0025863		Annual Report for the y	ear 1989
First:	The name of the corpo	ration is		
Second	: It is incorporated un	der the laws of	Montana	
THIRD:	Character of business,	briefly stated, is	provide computerized pari-	mutuel equipment
Fourth	: If foreign corporation	n, address of its p	rincipal office	
10115	Cabin Creek Road,	Shepherd, MT	59079	······
<b>Г</b> іғтн:	Business address in Rhe	ode Island		
Newport Ja	i-Alai, 150 Admira	Kalbfus Road	, Newport, RI 02840	·····
Ѕіхтн:	Names and addresses of Name	f its directors and	Officers: Address (including numb	(Attach rider if necessary) er, street, zip code)
Lloyd Sh	elhamer	Director	10115 Cabin Creek Roas	dShepherdMT59079
John She	lhamer.	Director		
Linda Sh	elhamer	Director		
Lloyd Sh	elhamer	President	t1	
John She	lhamer	Vice Preside	ent	31
Linda Sh	elhamer	Secretary		Ħ
Linda Sh	elhamer	Treasurer		11
SEVENTE	: Number of Shares a	uthorized:		Par Valuc
No. of Sh	ares (	Class	Senes	or statement that shares are without par value
10,000	Con	mon		N/P
Еіднтн:	Number of Shares iss	ued:	PAID	Par Value or statement that
No. of Sh	arcs (	Class	IBAR 2 <b>0</b> 1989	shares are without par value
1,000	Соп	mon	SEC'Y OF STATE	N/P
DatedF	ebruary 16,		UNITED TOTE COMPANY Name of Corporation)	
		F	By himba' of Stulka	mer
(R	eport must be signed by an o		Title Executive Vice President	

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 025	863	Annual Report fo	r the year 1988
First: The name	of the corporation isUnited	d Tote Company	
Second: It is inco	orporated under the laws of	ontana	
THIRD: Character	of business, briefly stated, isPro	ovide computerized	pari-mutuel equipment
_		-	
FIFTH: Business ac	dress in Rhode Island		
Newport Jai-Alai,	150 Admiral Kalbfus Road	, Newport, RI 0284	0
SIXTH: Names and	d addresses of its directors and of Office		(Attach rider if necessary)
Lloyd Shelhamer	Director	10115 Cabin Cree	k.Road.Shepherd.MT.59079
John Shelhamer	Director	11	19
Linda Shelhamer	Director	n	H
Lloyd Shelhamer	President	11	11
John Shelhamer	Vice President	11	11
Linda Shelhamer	Secretary	11	11
Linda Shelhamer		11	11
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
10,000	Common	PAID	N/P
Еіднтн: Number	of Shares issued:	PA10 MAX 3 0 1989	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	Common		N/P
Dated May 24,		UNITED TOTE COMPA	NY ·
	By.	hinda K Stul	name )
(Report must be	signed by an officer) Titl	e Executive Vice	President

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	Annual Report for th	ne year 1987
oration isUnite	ed Tote Company	
nder the laws of	Montana	•••••••••••••••••••••••••••••••••••••••
s, briefly stated, isPr	rovide computerized pa	ri-mutuel equipment
on, address of its prin	cipal office	
oad, Shepherd, MI	590.79	······
hode Island	•••••••••••••••••••••••••••••••••••••••	·······
miral Kalbfus Roa	d, Newport, RI 02846	o
of its directors and of		(Attach rider if necessary) number, street, zip code)
Director	10115 Cabin Creek F	Road,Shepherd,MT5907.9
Director		
Director	11	tt
President	11	11
Vice President		
	11	ti .
Treasurer	11	· ·
authorized:	·	Par Value or statement that shares are without
Class	Series	par value
Common	0.4	N/P
1		D. Walio
ssuea:	MAY 3 0 1989	Par Value or statement that shares are without
Class	Series	par value
Common		N/P
Ву	hinda K She	lhamer)
n officer) Tit	leExecutive Vice Pre	sident
	on, address of its print oad, Shepherd, MI hode Island miral Kalbfus Road of its directors and of its director Director  Director  Director  President  Vice President  Secretary  Treasurer  authorized:  Class  Common  19 89 U (Na  By	oration is United Tote Company  Inder the laws of Montana  Inder the laws o

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 25863		Annual	Report for the year <sup>19</sup>	86
FIRST: The name of th	e corporation is		ny	
_		{ Montana		•
THIRD: Character of b	usiness, briefly stated,	isprovide_comp	uterized parimutuel	equipment
FOURTH: If foreign con	rporation, address of i	ts principal office		
10115 Cabin Cre	ekBoad,Shepherd	l. MT 59079		•••••
FIFTH: Business address	ss in Rhode Island			
Newport.Jai-Alai,15	OAdmiralKalbfus	sRoad.,Newport	RI02840	•••••
SIXTH: Names and add	dresses of its directors		(Attao Address (including number, street, zip c	ch rider if necessary)
Lloyd Shelhamer	Director	. 10115 Cabin	Creek Rd., Shepherd	, MT 59079
John Shelhamer	Director		t1	•••••
Linda Shelhamer	Director		n	
Lloyd Shelhamer	Presiden	ıt"	+1	•••••
John Shelhamer	Vice Pre	esident'"		
Jane R. Shelhamer	Secretar	y	n	
Linda Shelhamer	Treasure	ŧr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SEVENTH: Number of S	Shares authorized:			ır Value
No. of Shares	Class	Series	shares	tement that are without ar value
10,000	Common		N	!/P
Eіднтн: Number of Sl	hares issued:	03/11/96	or sta	ar Value tement that
No. of Shares	Class	Series		are without ar value
1,000	Common	FAID	N	1/P
Dated February 24		CONTENT TOTE  (Name of Consoration)  By	COMPANY	,
S RAM S	2 1986	By	Melaran	
(Report must be signe	ed by an officer)	Title Executiv	ve Vice President	

Filling Ice: \$15.00

To be filed annually between January 1st and March 1st

#### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

75<sup>862</sup>

			Annual Report for	the yea	ar1985	
FIRST:	The name of th				<b>/</b>	
		rated under th	e laws of Monta	ana	nputerized	
paramutuele	equipment			recognition		
Fourth	•		•	pal offi	ce	
10115 Cabin	Creek Ranch Ro	i., Snephera,	MT 59079			
<b>Г</b> итн:	Business addr	ess in Rhode I	sland			
New	port-Jai-Alai,	150 Admiral K	albfus Road, New	port,	RI02840	
Sixth:	Names and ac	idresses of its	directors and offi	icers:		
	(Addresses mu	st include street a	ind number, if any)			
	Name	Office		Add	ress	
Lloyd Shelh	amer	Director	10115 Cabin	Creek	Road, Shepherd, MT	5907
	mer		10115 Cabin	Creek	Road, Shepherd, MT	5907
Linda Shelh	amer	Director	10115 Cabin	Creek	Road, Shepherd, MT	5907
Lloyd Shelh	amer	President	10115 Cabin	Creek	Road, Shepherd, MT	5907
John Shelha	mer	Vice Presi	dent 10115 Cabin	Creek	Road, Shepherd, MT	5907
Jane R. She	lhamer	Secretary	10115 Cabin	Creek	Road, Shepherd, MT	5907
	amer space is needed,		10115 Cabin	Creek	Road, Shepherd, MT	5907
Seventi	H: Number o	f Shares autho	orized:		Par Value or statement that	
No. of Sh	iares	Class	. Series		shares are without par value	•
10,000	ı	Common			N/P	
	•					
Еіснтн	: Number of	Shares issued	:		Par Value or statement that	
No. of Si	hares	Class	Series -		shares are without par value	
1,000	•	Common			N/P	
Dated: Feb	oruary 28	19.85	United Tor (Name of Corpo		lany	
			Title Vice Pro	esiden	<b>.</b>	
BBC	BIVED MAR	1985	(Report must	be sign	ed by an officer)	

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040