

Pennsylvania Gaming Control Board

CONDITIONAL/CATEGORY 1- APPLICATION AND DISCLOSURE INFORMATION FORM

Centaur, Inc.

APPLICANT INFORMATION

APPLICANT'S BUSINESS NAME			
BUSINESS NAME AS IT APPEARS ON APPLICANT'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)			
Centaur, Inc.			
TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES			
Centaur Gaming			
IS THE APPLICANT A MINORITY OR WOMEN'S BUSINESS ENTERPRISE THAT IS CERTIFIED BY THE BUREAU OF MINORITY AND WOMEN'S BUSINESS ENTERPRISE OF THE DEPARTMENT OF GENERAL SERVICES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
IF YES, PROVIDE ENTERPRISE CERTIFICATION NUMBER. _____			
APPLICANT'S PRINCIPAL ADDRESS			
ADDRESS LINE 1			
10 West Market Street			
ADDRESS LINE 2			
Suite 200			
ADDRESS LINE 3			
CITY		STATE/PROVINCE	POSTAL CODE
Indianapolis		IN	46204
COUNTRY		EMAIL ADDRESS	
USA			
COUNTY	TOWNSHIP	WEB URL	
Marion	Center		
PHONE NUMBER ()	FAX NUMBER ()		
317-656-8787	317-656-8780		
APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP	WEB URL	
PHONE NUMBER ()	FAX NUMBER ()		
CONTACT NAME FOR THIS APPLICATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
Adrian	R.	King	Jr.
TITLE		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER ()	FAX NUMBER ()		
APPLICANT'S FORM OF ORGANIZATION			
CHECK ONE			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> C-CORPORATION
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input checked="" type="checkbox"/> S-CORPORATION	<input type="checkbox"/> TRUST	
<input type="checkbox"/> OTHER (DESCRIBE) _____			

APPLICANT'S ORGANIZATION DOCUMENTS	
STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION Indiana	DATE OF FORMATION 1/7/1993
APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS Centaur, Inc.	
LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS Pennsylvania, Indiana, Colorado	
COMPLETE <u>SCHEDULE 1</u> CONCERNING APPLICANT'S INCORPORATORS/FOUNDERS	
IS APPLICANT REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S IDENTIFICATION NUMBERS	
FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER	PA LIQUOR CONTROL BOARD LICENSE NUMBER
PA WORKERS COMPENSATION POLICY NUMBER	PA DEPARTMENT OF STATE - ENTITY NUMBER
DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER STATE, LOCALITY OR THE FEDERAL GOVERNMENT? IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.	

CRIMINAL HISTORY

THE NEXT SECTION ASKS ABOUT ANY OFFENSES OR CHARGES APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES MAY HAVE COMMITTED OR HAD FILED AGAINST THEM. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.

DEFINITIONS	<p>FOR PURPOSES OF THIS SECTION:</p> <p>A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR BEFORE A LAW ENFORCEMENT AGENCY, STATE OR FEDERAL GRAND JURY, JUSTICE COURT, MUNICIPAL COURT, CITY COURT, TRAFFIC COURT, MILITARY COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT. INCLUDE ALL DUI/DWI OFFENSES.</p> <p>B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER AND ADVISED THAT YOU WERE UNDER ARREST, DETAINED, HELD FOR QUESTIONING, REQUESTED BY A POLICE OFFICER OR LAW ENFORCEMENT OFFICER TO COME TO A POLICE STATION AND ANSWER QUESTIONS, TAKEN INTO CUSTODY BY ANY POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, FINGERPRINTED, HELD IN JAIL, OR INSTRUCTED TO APPEAR IN COURT OR SUBPOENAED TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A."</p> <p>C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, CITATION OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."</p>
INSTRUCTIONS	<p>1. ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF:</p> <p>A. YOU DID NOT COMMIT THE OFFENSE CHARGED;</p> <p>B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;</p> <p>C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;</p> <p>D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR</p>

	<p>EQUIVALENT DIVERSIONARY PROGRAM;</p> <p>E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;</p> <p>F. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";</p> <p>G. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;</p> <p>H. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;</p> <p>I. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);</p> <p>J. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.</p> <p>2. ANSWER "NO" IF:</p> <p>A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;</p> <p>B. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.</p> <p>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</p>
<p>1. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES EVER BEEN INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?</p>	<input type="checkbox"/>
<p>1. A. HAS APPLICANT OR ANY OF ITS DIRECTORS, OWNERS OR KEY EMPLOYEES EVER BEEN CONVICTED OF A FELONY OR GAMBLING OFFENSE WITHIN THE PAST FIFTEEN (15) YEARS?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE SCHEDULE 23 CONCERNING CRIMINAL HISTORY.</p>	<input type="checkbox"/>
<p>TESTIMONY, INVESTIGATIONS OR POLYGRAPHS</p>	
<p>2. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, PRINCIPALS OR KEY EMPLOYEES EVER BEEN CALLED TO TESTIFY BEFORE, BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY, OR REQUESTED TO TAKE A POLYGRAPH EXAM BY ANY GOVERNMENTAL AGENCY, COURT, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (MUNICIPAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO MINOR TRAFFIC RELATED OFFENSES?</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 24 CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.</p>	<input type="checkbox"/>
<p>ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS, STATUTORY AND REGULATORY VIOLATIONS</p>	
<p>3. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES EVER HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO A VIOLATION OR ALLEGED VIOLATION OF THE FEDERAL ANTITRUST, TRADE REGULATION OR SECURITIES LAWS, OR SIMILAR LAWS OF ANY STATE, PROVINCE OR COUNTRY ENTERED AGAINST IT?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>4. IN THE PAST TEN (10) YEARS, HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO ANY STATE OR FEDERAL STATUTE, REGULATION OR CODE THAT RESULTED IN A FINE OR PENALTY OF \$50,000 OR MORE ENTERED AGAINST IT?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE SCHEDULE 26 CONCERNING ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

BANKRUPTCY OR INSOLVENCY PROCEEDINGS	
5. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD ANY PETITION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW FILED BY OR AGAINST IT IN THE LAST TEN (10) YEAR PERIOD?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES SOUGHT RELIEF UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES IN THE LAST TEN (10) YEARS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE SCHEDULE 27 CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.	
APPLICANT'S LICENSES AND PERMITS	
8. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY FOR THE COLLECTION OF SALES AND USE TAX, SELLING AND SERVING LIQUOR AND MALT BEVERAGES, PROVIDING OVERNIGHT LODGING SERVICES OR ANY OTHER ACTIVITY REQUIRING A LICENSE OR PERMIT? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES. IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 28 CONCERNING NON-GAMING LICENSES AND PERMITS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
9. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY CHARGED WITH REGULATING GAMES OF CHANCE, INCLUDING BUT NOT LIMITED TO SLOT MACHINES, VIDEO LOTTERY TERMINALS, TABLE GAMES, HORSE RACING, JAI ALAI, ETC.? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES. IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 29 CONCERNING GAMING LICENSES AND PERMITS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS	
10. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY EMPLOYEE, PERSON, COMPANY OR ORGANIZATION TO OBTAIN FAVORABLE TREATMENT?	
11. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF THE APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN TO OBTAIN FAVORABLE TREATMENT?	
12. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR OR ON BEHALF OF APPLICANT LOANED FUNDS FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?	
13. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT DONATED OR LOANED PROPERTY OR ANY OTHER THING OF VALUE FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?	

<p>14. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR THE PURPOSE OF REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS EITHER FOREIGN OR DOMESTIC?</p>	
<p>15. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY BANK ACCOUNT, DOMESTIC OR FOREIGN, NOT REFLECTED ON THE APPLICANT'S BOOKS OR RECORDS?</p>	
<p>16. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY NUMBERED ACCOUNT OR ANY ACCOUNT IN THE NAME OF A NOMINEE FOR APPLICANT?</p>	
<p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE SCHEDULE 30, CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>	

W

SCHEDULE 1: INCORPORATORS/FOUNDERS

NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
Robert	Michael	O'Malley							
OCCUPATION	TITLE								
ADDRESS LINE 1	ADDRESS LINE 2								
ADDRESS LINE 3	CITY		STATE/PROVINCE	POSTAL CODE					
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()						
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? Filed previously with PA Supplement.									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?									
NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
OCCUPATION	TITLE								
ADDRESS LINE 1	ADDRESS LINE 2								
ADDRESS LINE 3	CITY		STATE/PROVINCE	POSTAL CODE					
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()						
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO									
NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
OCCUPATION	TITLE								
ADDRESS LINE 1	ADDRESS LINE 2								
ADDRESS LINE 3	CITY		STATE/PROVINCE	POSTAL CODE					
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()						
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO									

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT

PROVIDE ALL ADDRESSES CURRENTLY USED BY APPLICANT.

ADDRESSES					
ADDRESS PURPOSE	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE/PROVINCE	POSTAL CODE
Principal business address	10 West Market Street	Suite 200	Indianapolis	IN	46204
ADDRESS LINE 1					FAX NUMBER
ADDRESS LINE 3					(317) 656-8780
COUNTRY	EMAIL ADDRESS	PHONE NUMBER			
		(317) 656-8787			
ADDRESS PURPOSE					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER			FAX NUMBER
		()			()
ADDRESS PURPOSE					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER			FAX NUMBER
		()			()
ADDRESS PURPOSE					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER			FAX NUMBER
		()			()

Initials bf

SCHEDULE 4: ADDRESSES USED BY APPLICANT

PROVIDE ALL ADDRESSES, OTHER THAN THOSE LISTED ON SCHEDULE 3, WHICH APPLICANT HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
Former Office Location		11/1993		6/2001	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
20 North Salisbury Street		West Lafayette		IN 47906	
ADDRESS LINE 3		CITY		STATE/PROVINCE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER	
USA				()	
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
COUNTRY		CITY		STATE/PROVINCE	
EMAIL ADDRESS		PHONE NUMBER		POSTAL CODE	
		()		()	
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
COUNTRY		CITY		STATE/PROVINCE	
EMAIL ADDRESS		PHONE NUMBER		POSTAL CODE	
		()		()	
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
COUNTRY		CITY		STATE/PROVINCE	
EMAIL ADDRESS		PHONE NUMBER		POSTAL CODE	
		()		()	

Initials *ds*

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
Roderick		J.		Ratcliff					
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE		POSTAL CODE	
ADDRESS LINE 2		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		()	
COUNTRY									
APPLICANT ADDRESS									
CURRENT TITLE OR POSITION									
CEO									
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE		POSTAL CODE	
10 West Market Street		Suite 200		Indianapolis		IN		46204	
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER			
COUNTRY									
USA								(317) 656-8780	
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE			
1/1/93		present		CEO & Chairman		(317) 656-8780			
						COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*									
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.									

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials BJ

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
Kurt		E.		Wilson					
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE		POSTAL CODE			
ADDRESS LINE 3		PHONE NUMBER		FAX NUMBER					
COUNTRY		EMAIL ADDRESS							
APPLICANT ADDRESS									
APPLICANT NAME		CURRENT TITLE OR POSITION		ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
Centaur, Inc.		EVP, CFO, Secretary and Treasurer		10 West Market Street		Suite 200			
ADDRESS LINE 3		CITY		STATE/PROVINCE		POSTAL CODE		FAX NUMBER	
USA		Indianapolis		IN		46204		(317) 656-8780	
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE			
1/18/02		present		CFO					
1/18/02		present		EVP					
1/7/93		present		Secretary					
1/7/93		present		Treasurer					
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*									
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.									

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
Stephen		M.		Thompson			
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		CITY		PHONE NUMBER		FAX NUMBER	()
COUNTRY		EMAIL ADDRESS		STATE/PROVINCE		FAX NUMBER	()
APPLICANT ADDRESS							
APPLICANT NAME:		CURRENT TITLE OR POSITION		CITY		STATE/PROVINCE	POSTAL CODE
Centaur, Inc.		Successor Trustee		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 1		ADDRESS LINE 2		CITY		PHONE NUMBER	FAX NUMBER
ADDRESS LINE 3		CITY		PHONE NUMBER		()	()
COUNTRY		EMAIL ADDRESS		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		CITY		STATE/PROVINCE	POSTAL CODE
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE	
8/99		present		Successor Trustee of O'Malley 1999 GRAT		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)	
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?							
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?							
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?							
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.							

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
Roy		N.		Davis			
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE		PHONE NUMBER	DISTRICT CODE
ADDRESS LINE 3					FAX NUMBER ()	
COUNTRY		EMAIL ADDRESS					
APPLICANT ADDRESS							
APPLICANT NAME: Centaur, Inc.				CURRENT TITLE OR POSITION Successor Trustee			
ADDRESS LINE 1		CITY		STATE/PROVINCE		POSTAL CODE	
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE	
12/05		present		Successor Trustee to Roderick J. Ratchiff 1999 GRAT		FEES, BONUS OR OTHER	
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*							
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.							

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials RS

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
Allan		C.		LAST NAME Bir			
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER ()	
COUNTRY							
APPLICANT ADDRESS							
APPLICANT NAME: Centaur, Inc.				CURRENT TITLE OR POSITION Director			
ADDRESS LINE 1 See Schedule 3		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
COUNTRY							
FROM DATE	TO DATE	DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
4/17/07	present	Director					
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*							
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.							

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SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
Steven		R.		Schreckengast					
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE		POSTAL CODE			
ADDRESS LINE 3		CITY		PHONE NUMBER		FAX NUMBER		()	
COUNTRY		EMAIL ADDRESS							
APPLICANT ADDRESS									
APPLICANT NAME:		CURRENT TITLE OR POSITION							
Centaur, Inc.		Director							
ADDRESS LINE 1		ADDRESS LINE 2							
See Schedule 3									
ADDRESS LINE 3		CITY		STATE/PROVINCE		POSTAL CODE			
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		()	
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
12/18/06		present		Director					
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*									
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.									

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SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
Herbert		Stephen		Norton					
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE		POSTAL CODE	
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		()	
COUNTRY									
APPLICANT ADDRESS									
APPLICANT NAME: Centaur, Inc.									
ADDRESS LINE 1 See Schedule 3									
ADDRESS LINE 3									
COUNTRY									
CURRENT TITLE OR POSITION Director									
ADDRESS LINE 2									
CITY									
STATE/PROVINCE									
PHONE NUMBER									
()									
FAX NUMBER									
()									
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE			
12/16/02		present		Director		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*									
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.									

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Handwritten initials

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
Michael		V.		Raisor					
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE		PHONE NUMBER		POSTAL CODE	
ADDRESS LINE 3		CITY		STATE/PROVINCE		PHONE NUMBER		POSTAL CODE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		()	
APPLICANT ADDRESS									
APPLICANT NAME:		CURRENT TITLE OR POSITION							
Centaur, Inc.		Director							
ADDRESS LINE 1		ADDRESS LINE 2							
See Schedule 3		CITY							
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		STATE/PROVINCE		POSTAL CODE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		()	
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
12/18/06		present		Director					
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*									
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.									

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SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
John		Joseph		McLaughlin			
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER ()	
COUNTRY							
APPLICANT ADDRESS							
APPLICANT NAME: Centaur, Inc.							
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER	
COUNTRY		USA					
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE	
08/07		present		President			
10/02		03/07		CEO, Gaming Operations			
10/01		10/02		EVP and CFO			
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?							
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?							
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?							
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.							

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		NAME AND HOME ADDRESS		NAME AND HOME ADDRESS	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
David		Lorey			
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
			()	()	
APPLICANT ADDRESS					
APPLICANT NAME:					
Centaur, Inc.					
ADDRESS LINE 1					
See Schedule 3					
ADDRESS LINE 3					
COUNTRY		CITY	STATE/PROVINCE	POSTAL CODE	
EMAIL ADDRESS		PHONE NUMBER	FAX NUMBER		
		()	()		
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)			REASON FOR LEAVING		
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE		
3/11/94	10/14/99	Vice President, Community Relations			

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

DL
Initials

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		NAME AND HOME ADDRESS		NAME AND HOME ADDRESS	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
Melvin	A.	Budreau			
ADDRESS LINE 1	ADDRESS LINE 2		STATE/PROVINCE	POSTAL CODE	
ADDRESS LINE 3	CITY	PHONE NUMBER	FAX NUMBER		
COUNTRY	EMAIL ADDRESS				
APPLICANT ADDRESS					
APPLICANT NAME:					
Most Recent Titles or Positions					
Centaur, Inc.					
Address Line 1					
See Schedule 3					
Address Line 3					
CITY					
STATE/PROVINCE					
POSTAL CODE					
PHONE NUMBER					
FAX NUMBER					
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)					
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING	
1/7/93	10/14/99	Vice President			

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Initials

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		NAME AND HOME ADDRESS		NAME AND HOME ADDRESS	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
David		Zerbe			
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		CITY	PHONE NUMBER	FAX NUMBER	
COUNTRY	EMAIL ADDRESS		()	()	
APPLICANT ADDRESS					
MOST RECENT TITLES OR POSITIONS					
Vice President, Legal Affairs					
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		CITY	PHONE NUMBER	FAX NUMBER	
COUNTRY	EMAIL ADDRESS		()	()	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)	
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING	
3/11/94	5/17/95	Vice President, Legal Affairs			
1/7/93	3/11/94	Vice President			

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Initials DZ

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
FIRST NAME	MIDDLE NAME	LAST NAME	
Edward		Chosnek	
ADDRESS LINE 1	ADDRESS LINE 2		
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	PHONE NUMBER	FAX NUMBER	
APPLICANT ADDRESS			
MOST RECENT TITLES OR POSITIONS			
Applicant Name: Director			
Address Line 1: Address Line 2			
Address Line 3: CITY			
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	POSTAL CODE
		()	FAX NUMBER ()
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		REASON FOR LEAVING	
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE
1/7/93	12/21/98	Director	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		NAME AND HOME ADDRESS		NAME AND HOME ADDRESS	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
John	A.	Senesac			
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	PHONE NUMBER	POSTAL CODE
COUNTRY		EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
APPLICANT ADDRESS					
MOST RECENT TITLES OR POSITIONS					
Director					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	PHONE NUMBER ()	POSTAL CODE
COUNTRY		EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)					
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING	
1/7/93	12/21/98	Director			

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Initials 

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE		POSTAL CODE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER			
<p>APPLICANT NAME: Centaur, Inc. ADDRESS LINE 1 See Schedule 3 ADDRESS LINE 3</p>									
<p>APPLICANT ADDRESS: Director ADDRESS LINE 2 CITY STATE/PROVINCE PHONE NUMBER FAX NUMBER</p>									
FROM DATE	TO DATE	TITLE OR POSITION		ANNUAL COMPENSATION & VALUE		REASON FOR LEAVING			
12/21/98	2/5/02	Director							

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Initials LS

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		NAME AND HOME ADDRESS		NAME AND HOME ADDRESS	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
Robert	T.	Williamson			
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3					
COUNTRY		EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
			()	()	
APPLICANT ADDRESS					
APPLICANT NAME:					
Centaur, Inc.					
ADDRESS LINE 1		MOST RECENT TITLES OR POSITIONS		DIRECTOR	
Sec Schedule 3		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
			()	()	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		REASON FOR LEAVING			
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE		
12/18/06	6/13/07	Director			

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

AW

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS		NAME AND HOME ADDRESS		NAME AND HOME ADDRESS	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
R.	Michael	O'Malley			
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
APPLICANT ADDRESS					
APPLICANT NAME: MOST RECENT TITLES OR POSITIONS					
Centaur, Inc. Director					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)	
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING	
12/16/02	6/27/07	Director			

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 

SCHEDULE 25: EXISTING LITIGATION

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 7 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH APPLICANT, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$100,000, OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$100,000, BUT WHICH INVOLVES CLAIMS AGAINST APPLICANT WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE APPLICANT WITH A LICENSED INSURANCE CARRIER. THIS DESCRIPTION MUST INCLUDE THE TITLE AND DOCKET NUMBER OF THE LITIGATION, THE NAME AND LOCATION OF THE COURT BEFORE WHICH IT IS PENDING, THE IDENTITY OF ALL PARTIES TO THE LITIGATION AND THE GENERAL NATURE OF ALL CLAIMS BEING MADE.

EXISTING LITIGATION LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING	
NAME OF CASE AND DOCKET NUMBER	Does not apply.
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	
EXISTING LITIGATION LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING	
NAME OF CASE AND DOCKET NUMBER	
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	

Initials *JS*

SCHEDULE 26: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 4, PROVIDE THE FOLLOWING INFORMATION:

VIOLATION		NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	
Please see attached descriptions.		
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

Initials

Schedule 26: Description of Disciplinary Actions.

Indiana Gaming Commission

1. ***Nature of governmental action:***

Imposition of a stipulated and agreed fine in the amount of \$500,000.00 against Centaur, holder of a 13.5% limited partnership interest in a license issued to Indiana Gaming Company, LP ("Indiana Gaming").

2. ***Name and address of regulatory agency:***

Indiana Gaming Commission (the "Gaming Commission")
115 West Washington Street, Suite 950, South Tower
Indianapolis, Indiana 46204
Contact Ernie Yelton, Executive Director, (317) 233-0046

3. ***Date of agency action:***

On February 28, 2001 the Gaming Commission approved a Settlement Agreement which disposed of this matter.

Indiana Horse Racing Commission

1. *Nature of governmental action:*
Imposition of a four (4) year moratorium (later eliminated) preventing Centaur or Centaur Racing, LLC from increasing its ownership interest in Hoosier Park, L.P.
2. *Name and address of regulatory agency:*
Indiana Horse Racing Commission
150 West Market Street, Suite 530
Indianapolis, Indiana 46204
Contact Joe Gorajec, Executive Director, (317) 233-3119
3. *Date of agency action:*
November 10, 2000, and November 27, 2001.

SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS

IF APPLICANT ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 5, PROVIDE THE FOLLOWING:

NAME OF CASE & DOCKET NUMBER		DATE PETITION FILED OR RELIEF SOUGHT		BANKRUPTCY OR INSOLVENCY PROCEEDINGS NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
Does not apply.		DATE JUDGMENT OR RELIEF ENTERED	NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED	
NATURE OF JUDGMENT OR RELIEF					

Initials hsx

SCHEDULE 28: NON-GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 8 ON PAGE 5, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED - NON-GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
Liquor	Colorado	Licensee is Centaur Colorado, LLC	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 2003	
Liquor	Indiana	Licensee is Hoosier Park, L.P.	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	1994	
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

Initials KS

SCHEDULE 29: GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 5 PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED - GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
Limited Gaming License	Colorado Gaming Commission	Centaur, Inc. is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 22, 2003	Renewed annually in May. 2008 Renewal Application is on file.
Limited Gaming License	Colorado Gaming Commission	Centaur, LLC is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 22, 2003	Renewed annually in May. 2008 Renewal Application is on file.
Limited Gaming License	Colorado Gaming Commission	Centaur Colorado, LLC is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 22, 2003	Renewed annually in May. License #14-46448-0001 and 14-46448-0002. 2008 Renewal Application is on file.
License to conduct horse racing with pari-mutuel wagering	Indiana Horse Racing Commission	Centaur, Inc. is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	July 1994	Renewed annually in November.

Initials CS

SCHEDULE 29: GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 5 PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
License to conduct horse racing with pari-mutuel wagering	Indiana Horse Racing Commission	Hoosier Park, LP is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	July 1994	
Indiana Gambling Game License Application	Indiana Gaming Commission	Hoosier Park, LP and Centaur, Inc. are applicants	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	March 31, 2008	Initial licensure period of five years (through March 30, 2013)
License to conduct harness horse race meeting with pari-mutuel wagering	Pennsylvania State Harness Racing Commission	Valley View Downs, LP is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	September 5, 2007	
Harness Racing License	Maryland Racing Commission	Centaur Rosecroft, LLC was applicant	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input checked="" type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	January 17, 2003	Please see attached description.

[Handwritten Signature]

Schedule 29

Withdrawal of Application with Maryland Racing Commission

Address: 500 North Calvert Street, Room 201
Baltimore, Maryland 21202

Phone: (410) 230-6330

Subsidiary: Centaur Rosecroft, LLC

License Type: Harness Racing License

Status: Application Withdrawn, Effective August 19, 2005

CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM

APPENDIX 1

DESCRIPTION OF THE BUSINESS

See attached.

DESCRIPTION OF THE BUSINESS

Valley View Downs is a proposed state-of-the-art \$428 million racing, gaming and entertainment facility. The 250,000-square foot development will feature harness racing on a one-mile oval, as well as a three level building featuring a 75,000 square foot gaming floor for 3,000 slot machines, fine restaurants, concession stands, a race book "tele-theater" to view races simulcast from other venues, lounges and an outdoor terrace. The facility will be located on a 250 acre site located in Lawrence County approximately 49 miles northwest of downtown Pittsburgh. The site provides an excellent location to enhance tourist, entertainment and recreational activities. Geographically, the site is easily reachable from all major population areas in Western Pennsylvania, Eastern Ohio and West Virginia. The project will provide an innovative, first class gaming and entertainment environment while showcasing live harness racing in a manner designed to spawn new horse racing fans.

The property is to be organized in a manner that provides for convenient patron access to the Clubhouse/Grandstand/Casino as well as for employees and horses going to the backstretch area. The site is composed of three main areas. Area One is the Grandstand/Clubhouse/Casino and Harness Paddock and Related Parking. Area Two is comprised of Backstretch Facilities and Related Parking. Area Three is the Racetrack.

The construction and operation of the facility will generate (1) an estimated 1,600 construction jobs (primarily union labor) and (2) more than 1,500 permanent, full time jobs with a combined payroll of approximately \$42 million per year.

The applicant will create new jobs not only at its own facility and on breeding farms throughout the state, but also additional jobs in the associated hospitality, restaurant and tourism industries. Additional employment at the Applicant's facility and the significant enhancement to the creation of permanent jobs of high quality, with commensurate wages and benefits, will create much needed economic development opportunities in an economically depressed region. The new facility will position Lawrence County as a major entertainment destination, generate economic activity and create a positive future for the local area. The Applicant is committed to providing employment opportunities to the residents of Lawrence County and the surrounding areas, including Beaver County. The Applicant is committed to union labor.

The Applicant expects the facility to draw a majority of its patrons from the Pittsburgh, Cleveland, Youngstown and Columbus areas, retaining Pennsylvania entertainment dollars and attracting revenue from other states as well. Please see the attached excerpt from the Cummings Associates Report for a discussion of the Applicant's performance projections that take into consideration facilities in Pennsylvania and West Virginia.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 10

ANNUAL REPORTS FOR THE LAST 5 YEARS

Does not apply.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 11

ANNUAL REPORTS PREPARED ON SEC FORM 10-K

Does not apply.

CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM

APPENDIX 13

A COPY OF ANY INTERIM REPORTS

Does not apply.

CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM

APPENDIX 14

A COPY OF LAST DEFINITIVE PROXY STATEMENT OR INFORMATION STATEMENT
(SEC)

Does not apply.

CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM

APPENDIX 15

REGISTRATION STATEMENTS

Does not apply.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 17

CORPORATE DOCUMENTS

See attached.

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

CENTAUR, INC.

I, JOSEPH H. HOGSETT, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation, have been presented to me at my office accompanied by the fees prescribed by law; that I have found such

Articles conform to law; all as prescribed by the provisions of the

Indiana Business Corporation Law,

as amended.

NOW, THEREFORE, I hereby issue to such Corporation this Certificate of Incorporation, and further certify that its corporate existence will begin January 07, 1993.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventh day of January, 1993



Joseph H. Hogsett
JOSEPH H. HOGSETT, Secretary of State

By *Cheryl Hindsley*
Deputy

ARTICLES OF INCORPORATION
OF
CENTAUR, INC.

APPROVED
ALL
FILED

NOV 7 1951 16

The undersigned incorporator, desiring to form a corporation (hereinafter referred to as the "Corporation") pursuant to the provisions of the Indiana Business Corporation Law (hereinafter referred to as the "Act"), hereby executes the following Articles of Incorporation:

ARTICLE I

Name

The name of the Corporation is CENTAUR, INC.

ARTICLE II

Purposes and Powers

2.01. The purposes for which the Corporation is formed are to transact any and all lawful business for which corporations may be incorporated under the Act.

2.02. Subject to any limitation or restriction imposed by the Act, any other law, or any provisions of these Articles of Incorporation, the Corporation shall have:

a. The same capacity to act as possessed by natural persons and to do everything necessary, advisable, or convenient for the accomplishment of any of the purposes for which the Corporation is formed, or which shall at any time appear conducive to or expedient for the protection or benefit of the Corporation, and to do all other things incidental thereto or connected therewith which are not forbidden by law;

b. The power to carry out the purposes for which the Corporation is formed in any state, territory, district, or possession of the United States, or in any foreign country, to the extent that such purposes are not forbidden by the law of any such state, territory, district, or possession of the United States or by any such foreign country; and

c. The power to have, exercise, and enjoy in furtherance of the purposes for which the Corporation is formed all the general rights, privileges, and powers granted to corporations by the Act, as now or hereafter amended, and by the common law.

ARTICLE III

Registered Agent and Office

3.01. Registered Agent. The name and address, including zip code, of the Corporation's Registered Agent for service of process are:

Robert M. O'Malley
134 West State Street
West Lafayette, IN 47906

3.02. Registered Office. The street address, including zip code, of the registered office of the Corporation is:

134 West State Street
West Lafayette, IN 47906

ARTICLE IV

Authorized Shares

4.01. Number of Shares. The total number of shares which the Corporation has authority to issue is 1000.

4.02. Terms of Shares.

a. One Class. All shares shall be common shares having the same rights and privileges. Every holder of the common shares of the Corporation shall have the right at every shareholders' meeting to one vote for each share of common stock standing in his or her name on the books of the Corporation.

b. Registered Owner. The Corporation shall be entitled to treat the person in whose name any share is registered as the owner thereof for all purposes and shall not be bound to recognize any equitable or other claim to or interest in such share on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE V

Directors

5.01. Number of Directors. The initial Board of Directors is composed of three (3) members. The number of Directors may from time to time be specified by or fixed in accordance with the Bylaws of the Corporation at any number. In the absence of a Bylaw provision specifying or fixing the number of Directors, the number shall be the same number as the initial Board of Directors above indicated.

ARTICLE VI

Incorporator

6.01. Name and Post Office Address of Incorporator. The name and post office address including zip code of the incorporator of the Corporation are as follows:

Robert M. O'Malley
134 West State Street
West Lafayette, IN 47906

ARTICLE VII

Provisions for Regulation of Business
and Conduct of Affairs of Corporation

7.01. Indemnification. Every person who is or was a director of the Corporation (as defined in IC 23-1-37-2) shall be indemnified by the Corporation against all liability and reasonable expenses (as such terms are defined in IC 23-1-37-3 & 4) incurred by such person in any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative and whether formal or informal, because such person is or was a director of the Corporation, provided that such person is determined in the manner specified in IC 23-1-37-12 to have met the standard of conduct specified in IC 23-1-37-8. Subject to the requirements of IC 23-1-37-10, the Corporation shall advance to such person the reasonable expenses incurred by him or her in connection with any such action, suit, or proceeding. Upon demand for indemnification or advancement of expenses, as the case may be, the Corporation shall proceed as provided in IC 23-1-37-12 to determine whether such person is entitled thereto. Every person who is or was an officer of the Corporation shall be indemnified, and shall be entitled to an advancement of expenses, to the same extent as if such person were a director.

7.02. Report of Indemnification. If the Corporation indemnifies or advances expenses to a director in connection with a proceeding by or in the right of the Corporation, the Corporation shall report the indemnification or advance in writing to the shareholders with or before the notice of the next shareholders' meeting as provided in IC 23-1-53-2(a).

7.03. No Limitation. Nothing contained in this Article 7 shall limit or preclude the exercise of any right provided under the Act, these Articles of Incorporation, the Corporation's Bylaws, any general or specific action or the board of directors or the shareholders of the Corporation, or any contract relating to indemnification of or the advancement of expenses to any director, officer, employee, or agent of the Corporation, or the ability of the Corporation to otherwise indemnify or advance expenses to any director, officer, employee, or agent.

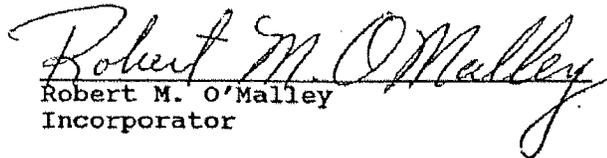
7.04. Reference to Law. Reference to the Act or to the Indiana Code (IC) shall be as to the same as they may be amended from time to time.

7.05. Conflict of Interest Transaction. A conflict of interest transaction, as defined in IC 23-1-35-2(a), is not voidable by the Corporation provided the conflict of interest transaction satisfies the provisions specified in IC 23-1-35-2.

7.06. Bylaws. The Board of Directors of the Corporation shall have the power, without the assent or vote of the shareholders, to make, alter, amend, or repeal the Bylaws of the Corporation.

7.07. Amendments of Articles of Incorporation. The Corporation reserves the right to amend, alter, change, or repeal any provision contained in the Articles of Incorporation or in any amendment hereto, or to add any provision to the Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of the Act, or by the provisions of any other applicable statute of the state of Indiana; and all rights conferred upon shareholders in the Articles of Incorporation or any amendment hereto are granted subject to this reservation.

Executed by the undersigned Incorporator this 4 day of January, 1993.


Robert M. O'Malley
Incorporator

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RESTATED ARTICLES OF INCORPORATION

State Form 42152 (12-87)

Provided by Evan Bayh, Secretary of State of Indiana

Present Original and One Copy. Use 8 1/2" x 11" paper for Inserts.

FILING FEE: \$30.00

Indiana Code 23-1-38-7

Secretary of State
 State House
 Corporations Division
 Room 155
 Indianapolis, IN 46204
 (317)232-6576

RESTATED ARTICLES OF INCORPORATION OF

CENTAUR, INC.

(Name of Corporation)

The above corporation (hereinafter referred to as the "Corporation") existing pursuant to the Indiana Business Corporation Law, desiring to give notice of corporate action effectuating the restatement of its Articles of Incorporation, sets forth the following facts:

APPROVED AND FILED

ARTICLE I - RESTATMENT

SECTION I: The date of incorporation of the Corporation:

January 7, 1993

SECTION II: The name of the Corporation following this restatement:

Centaur, Inc.

SECTION III: The exact text of the Restated Articles of Incorporation is attached.

ARTICLE II - MANNER OF ADOPTION AND VOTE (Strike inapplicable section)

~~SECTION IV: The restatement does not contain any amendments requiring shareholder approval and the board of directors adopted the restatement.~~

SECTION: The restatement contains an amendment requiring shareholder approval and the vote is set forth below:

VOTE OF SHAREHOLDERS

The designation (i.e. common, preferred and any classification where different classes of stock exist), number of outstanding shares, number of votes entitled to vote separately on the amendment and the number of votes of each voting group represented at the meeting is set forth as follows:

	TOTAL	A	B	C
DESIGNATION OF EACH VOTING GROUP		Common		
NUMBER OF OUTSTANDING SHARES	100	100		
NUMBER OF VOTES ENTITLED TO BE CAST	100	100		
NUMBER OF VOTES REPRESENTED AT THE MEETING	100	100		
SHARES VOTED IN FAVOR	100	100		
SHARES VOTED AGAINST	0	0		

In Witness Whereof, the undersigned being the Executive Vice President

(title)

of said Corporation executes these Restated Articles of Incorporation and verifies, subject to penalties of perjury that the statements contained herein are true, this 32nd day of October, 19 93.

Signature

Printed Name

Roderick J. Ratcliff

93 OCT 22 AM 11:03
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 SECRETARY OF STATE

6

RESTATED ARTICLES OF INCORPORATION
OF
CENTAUR, INC.

ARTICLE I
Name

The name of the Corporation is Centaur, Inc.

ARTICLE II
Registered Office and Agent

The street address of the Corporation's registered office in Indiana and the name of its registered agent at that office is Robert M. O'Malley, 134 West State Street, West Lafayette, Indiana 47906.

ARTICLE III
Shares

Section A. Number of Authorized Shares. The Corporation is authorized to issue ten million (10,000,000) Common Shares.

Section B. Rights. The class of Common Shares is hereby authorized unlimited voting rights and is entitled to receive the net assets of the Corporation upon dissolution.



RESTATED ARTICLES OF INCORPORATION

Stat: Form 42152 (12-87)

Provided by Evan Bayh, Secretary of State of Indiana

Present Original and One Copy. Use 8 1/2" x 11" paper for Inserts.

FILING FEE: \$30.00

Indiana Code 23-1-38-7

Secretary of State
 State House
 Corporations Division
 Room 155
 Indianapolis, IN 46204
 (317)232-6576

APPROVED
 AND
 FILED
 RESTATED ARTICLES OF INCORPORATION
 OF SECRETARY OF STATE

CENTAUR, INC.

(Name of Corporation)

The above corporation (hereinafter referred to as the "Corporation") existing pursuant to the Indiana Business Corporation Law, desiring to give notice of corporate action effectuating the restatement of its Articles of Incorporation, sets forth the following facts:

ARTICLE I - RESTATMENT

SECTION I: The date of incorporation of the Corporation:
January 7, 1993

SECTION II: The name of the Corporation following this restatement:
Centaur, Inc.

SECTION III: The exact text of the Restated Articles of Incorporation is attached.

ARTICLE II - MANNER OF ADOPTION AND VOTE (Strike inapplicable section)

SECTION: The restatement contains an amendment requiring shareholder approval and the vote is set forth below:

VOTE OF SHAREHOLDERS

The designation (i.e. common, preferred and any classification where different classes of stock exists), number of outstanding shares, number of votes entitled to vote separately on the amendment and the number of votes of each voting group represented at the meeting is set forth as follows:

	TOTAL	A	B	C
DESIGNATION OF EACH VOTING GROUP				
NUMBER OF OUTSTANDING SHARES	400	400		
NUMBER OF VOTES ENTITLED TO BE CAST	400	400		
NUMBER OF VOTES REPRESENTED AT THE MEETING	400	400		
SHARES VOTED IN FAVOR	400	400		
SHARES VOTED AGAINST				

In Witness Whereof, the undersigned being the Executive Vice President
(title)

of said Corporation executes these Restated Articles of Incorporation and verifies, subject to penalties of perjury that the statements contained herein are true, this 11th day of April, 19 94.

Signature

Roderick J. Ratcliff U.P.

Printed Name

Roderick J. Ratcliff, Executive Vice President

RESTATED ARTICLES OF INCORPORATION
OF CENTAUR, INC.

ARTICLE I

Name

The name of the Corporation is Centaur, Inc.

ARTICLE II

Registered Office and Agent

The street address of the Corporation's registered office in Indiana and the name of its registered agent at that office are Robert M. O'Malley, 134 W. State Street, West Lafayette, Indiana 47906.

ARTICLE III

Shares

Section A. Number of Authorized Shares. The Corporation is authorized to issue ten million (10,000,000) Common Shares.

Section B. Rights. The class of Common Shares is hereby authorized unlimited voting rights and is entitled to receive the net assets of the Corporation upon dissolution.

ARTICLE IV

Mandatory Redemption of Shares; Purchase Price;
Manner of Payment of Purchase Price

Section A. Mandatory Redemption of Shares. Upon a final determination ("Adverse Determination") of the Indiana Gaming Commission ("Commission") that any shareholder ("Unsuitable Shareholder") of the Corporation is unsuitable to own an interest (whether direct or indirect) in Indiana Gaming Company, L.P., an Indiana limited partnership, or any other entity which has applied for, or has been issued, a license to operate a riverboat gaming facility in the State of Indiana (hereinafter referred to as the "Gaming Entity"), the Board of Directors of the Corporation, in its sole discretion, shall have the unconditional right to cause the Corporation to redeem ("Redemption") all of the shares of capital stock in the Corporation ("Shares") owned by the Unsuitable Shareholder, for the Purchase Price, as defined in ARTICLE IV, Section B below, at any time prior to the cure or other such time period as may be specified by the Commission, or if no such period is specified, at any time as the Board of Directors may determine ("Cure Period").

Section B. Purchase Price. The purchase price ("Purchase Price") per Share or Shares to be purchased pursuant to Section A above shall be determined as follows:

JOSEPH H. ROSETH

94 APR 11 4 9 : 59

RECEIVED
CENTAUR, INC.

(i) Before Licensure. If the Adverse Determination occurs before a license to operate a riverboat gaming facility within the State of Indiana ("License") is granted by the Commission to the Gaming Entity, the Purchase Price per Share shall be equal to (x) the then current capital account balance of the Corporation in the Gaming Entity minus the outstanding balance of accrued interest and principal of the indebtedness of the Corporation to Conesco, Inc., an Indiana corporation, secured by a pledge of such capital account as of such time, multiplied by (y) the percentage ownership interest which the Unsuitable Shareholder's Shares represent of all of the then issued and outstanding Shares of the Corporation.

(ii) Upon and After Licensure. If the Adverse Determination occurs upon or after the issuance of a License by the Commission to the Gaming Entity, the Purchase Price per Share shall be equal to the applicable "Determined Value" per Share (as defined below). Within five (5) days after the Commission makes an Adverse Determination, the Board of Directors and the Unsuitable Shareholder shall, by mutual agreement, determine the fair market value per Share using commonly accepted valuation methods in valuing closely-held corporations similar to the Corporation ("Determined Value"). In the event the Board of Directors and Unsuitable Shareholder are unable to establish such Determined Value, within such five (5)-day period, the Board of Directors and the Unsuitable Shareholder shall each engage an appraiser, which two appraisers shall select a third appraiser, to value the Shares of the Unsuitable Shareholder (the "Appraisals"). The expenses of such appraisers ("Appraisers") shall be borne equally by the Corporation and the Unsuitable Shareholder. The Appraisals shall be completed at least two days prior to the expiration of the Cure Period. Each Appraiser shall be qualified in the valuation of entities similar to the Corporation and shall apply commonly recognized techniques in valuing closely-held businesses.

In the event such Appraisals are procured pursuant to this ARTICLE IV, Section B(ii), the Purchase Price of the Unsuitable Shareholder's Shares shall be equal to 90% of the average of the Appraisal values of the Unsuitable Shareholder's Shares established by such Appraisers. The Appraisals delivered by the Appraisers hereunder shall be final, binding and conclusive upon the Unsuitable Shareholder, the Corporation and all of the Corporation's Shareholders.

Section C. Manner of Payment of Purchase Price. The Corporation may, in its sole discretion, pay the Purchase Price to the Unsuitable Shareholder (i) in one cash payment on the date of the Redemption ("Redemption Date"), or (ii) pursuant to an installment promissory note, payable in up to thirty-six (36) equal

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monthly installments of principal and interest commencing on the Redemption Date and continuing on the same day of each month thereafter until fully paid ("Purchase Note"). The Purchase Note shall (i) be executed and delivered by the Corporation to the Unsuitable Shareholder on the Redemption Date, (ii) bear simple interest on the outstanding principal balance of such Purchase Note at a floating prime rate of interest of Bank One, Indianapolis, N.A., as announced from time to time, plus three percent (3%), and (iii) contain no penalties for prepayment of principal or interest.

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State of Indiana
Office of the Secretary of State

CERTIFICATE OF RESTATEMENT OF ARTICLES OF INCORPORATION
of
CENTAUR, INC.

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Restatement of Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, May 01, 2002.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 1, 2002.

Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE

APPROVED
&
FILED

INDIANA SECRETARY OF STATE

RECEIVED
INDIANA SECRETARY
APR 24 2002

RESTATED ARTICLES OF INCORPORATION

OF

CENTAUR, INC.

The undersigned officer of Centaur, Inc. (hereinafter referred to as the "Corporation"), existing pursuant to the provisions of the Indiana Business Corporation Law (hereinafter referred to as the "Act"), as amended, desiring to give notice of corporate action effectuating the restatement of its Articles of Incorporation, certifies the following facts:

ARTICLE I
Amendment

Section 1. The date of incorporation of the Corporation is January 7, 1993.

Section 2. The name of the corporation following this restatement of the Articles of Incorporation is Centaur, Inc.

Section 3. The exact text of the Restated Articles of Incorporation is attached hereto as Exhibit A.

ARTICLE II
Manner of Adoption and Vote

Section 1. The Board of Directors of the Corporation duly adopted a resolution restating the Articles of Incorporation at a meeting held April 24, 2002.

Section 2. The holders of the common shares of the Corporation, the only voting group entitled to vote in respect of the Restated Articles of Incorporation, have approved the Restated Articles of Incorporation as follows:

Number of Outstanding Shares	2,612,521
Number of Votes Entitled to be Cast	2,612,521
Number of Votes Represented at Meeting	2,396,943.5
Shares Voted in Favor	2,396,943.5
Shares Voted Against	-0-

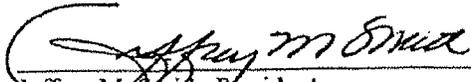
ARTICLE III
Compliance with Legal Requirements

The manner of the adoption of these Restated Articles of Incorporation and the vote by which they were adopted constitute full legal compliance with the provisions of the Act, the Articles of Incorporation, and the By-Laws of the Corporation.

I hereby verify subject to the penalties of perjury that the statements contained herein are true.

DATED:

4/24, 2002



Jeffrey M. Smith, President

RESTATED ARTICLES OF INCORPORATION

OF

CENTAUR, INC.

ARTICLE I

Name

The name of the Corporation is Centaur, Inc.

ARTICLE II

Registered Office and Registered Agent

The street address of the Corporation's initial registered office in Indiana and the name of its initial registered agent at that office are CT Corporation, 36 South Pennsylvania Street, Suite 700, Indianapolis, Indiana 46204.

ARTICLE III

Shares

Section A. Number of Authorized Shares. The Corporation is authorized to issue ten million (10,000,000) common shares.

Section B. Rights. The common shares are hereby authorized unlimited voting rights and are entitled to receive the net assets of the Corporation upon dissolution.

CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM

APPENDIX 23

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY
VIEW DOWNS, LP; THUS, THIS APPENDIX DOES NOT APPLY.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 25

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY
VIEW DOWNS, LP; THUS, THIS APPENDIX DOES NOT APPLY.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 26

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY
VIEW DOWNS, LP; THUS, THIS APPENDIX DOES NOT APPLY.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 29

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY
VIEW DOWNS, LP; THUS, THIS APPENDIX DOES NOT APPLY.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 33

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY
VIEW DOWNS, LP; THUS, THIS APPENDIX DOES NOT APPLY.

**CENTAUR, INC.
CATEGORY 1- APPLICATION
AND DISCLOSURE INFORMATION FORM**

APPENDIX 36

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY
VIEW DOWNS, LP; THUS, THIS APPENDIX DOES NOT APPLY.