



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 08-12-2025

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0705 0705 LOT2300000002 3	Procurement Folder:	1173322
Document Name:	INSTANT LOTTERY TICKET PRINTING	Reason for Modification:	
Document Description:	WV Lottery Instant Game Ticket Printing & Services	Change Order No. 2 - Administrative Change for Vendor Name	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-05-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-04-30

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000101085 BRIGHTSTAR GLOBAL SOLUTIONS CORPORATION PO BOX 636514 CINCINNATI OH 452636514 US Vendor Contact Phone: 401-392-7834 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Thomas P Hymes Requestor Phone: 304-558-2350 Requestor Email: thymes@wvlottery.com 2026 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
ACCOUNTS PAYABLE LOTTERY PO BOX 2067 CHARLESTON WV 25327-2067 US	PURCHASING LOTTERY 900 PENNSYLVANIA AVE CHARLESTON WV 25302 US

CR 8-A-25
Purchasing Division's File Copy

Total Order Amount: Open End

PURCHASING DIVISION AUTHORIZATION
DATE: 8/13/25
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: 8/20/25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 8-20-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Administrative Change for Vendor Name:

Change Order 2

Change Order No. 2 - is issued for administrative purposes only and is intended to change the name of the vendor from IGT GLOBAL SOLUTIONS CORP (V/C account 000000101085) to BRIGHTSTAR GLOBAL SOLUTIONS CORPORATION, using the same V/C account and the same FEIN *****9840. System limitations require a change order, but the original contract, including all terms, conditions, prices, specifications, and change orders contained therein remain in full force and effect.

Effective date of change: July 1, 2025

No other changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	60141113				0.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: LOTTERY TICKET PRINTING & RELATED SERVICES

Extended Description:

Vendor must Fill out Exhibit A in its entirety and submit Exhibit A with their bids.



Dear Valued Customer,

Effective beginning Tuesday, July 1, 2025, we are pleased to announce that **IGT Global Solutions Corporation** has changed the legal entity name to **Brightstar Global Solutions Corporation** ("Brightstar"). This is only a name and not an entity change. Our management team and organization remain the same. Brightstar will continue to operate in its current structure, and your contacts and all contact information will remain unchanged except as set forth below.

The name on our bank account has been changed to **Brightstar Global Solutions Corporation**. Please update the payee information in your Accounts Payable system. The bank account number, other remittance information, and the Federal Employer Identification Number (EIN) have not changed.

Given that this is a name change and no other changes are being made, we believe you will not need a new vendor packet or purchase orders. However, should your invoicing team need us to complete a new vendor packet, please contact your Account Development Manager (ADM), Jayna Rae Jackson.

The new W-9 and the remittance information are enclosed with this letter.

If you have any questions, please contact:

Jayna Rae Jackson, ADM
1700 MacCorkle Ave SE
5th Floor South
Charleston, WV 25314 USA
Mobile: 919-538-2141
Desk: 304-206-3208
jaynarae.jackson@brightstarlottery.com

Regards,

The Brightstar Team

West Virginia Lottery agrees to the above name change.

Thomas Hymes
Procurement Specialist, Senior
WV Lottery - Finance Division

Sign: 

Date: 8/12/2025 

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Brightstar Global Solutions Corporation (f/k/a IGT Global Solutions Corporation)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 10 Memorial Blvd 6 City, state, and ZIP code Providence, RI 02903 7 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number [] [] [] - [] [] - [] [] [] [] or Employer identification number 0 5 - 0 3 8 9 8 4 0
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person <i>[Signature]</i> Date <i>7/1/2025</i>

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
What's New
Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.
New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>10- Brandon Barr</u> Date: <u>8/13/2025</u> Solicitation No. <u>CMA LOT23*02</u>	Agency: Lottery <hr/> Procurement Officer Submitting Requisition: Thomas Hymes <hr/> Requisition No. CMA LOT23*02 <hr/> PF No.: 1173322
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

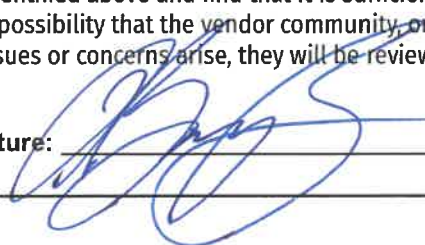
1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

 8/13/25

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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

BRIGHTSTAR GLOBAL SOLUTIONS CORPORATION

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	9/3/1985		9/3/1985	Foreign	Profit			

Organization Information			
Business Purpose	7132 - Arts, Entertainment, and Recreation - Amusement, Gambling and Recreation Industries - Gambling Industries (casinos except casino hotels)		Capital Stock 0.0000
Charter County	Wayne	Control Number	0
Charter State	DE	Excess Acres	0
At Will Term	Member Managed		
At Will Term Years	Par Value		0.000000
Authorized Shares 0	Young Entrepreneur		Not Specified

Addresses	
Type	Address
Mailing Address	10 MEMORIAL BOULEVARD PROVIDENCE, RI, 02903 USA
Notice of Process Address	1627 QUARRIER STREET CHARLESTON, WV, 25311
Principal Office Address	10 MEMORIAL BLVD. PROVIDENCE, RI, 02903 USA
Type	Address

Officers	
Type	Name/Address
Director	RENATO ASCOLI 10 MEMORIAL BOULEVARD PROVIDENCE, RI, 02903
President	RENATO ASCOLI 10 MEMORIAL BOULEVARD PROVIDENCE, RI, 02903
Secretary	CHRISTOPHER SPEARS 10 MEMORIAL BLVD PROVIDENCE, RI, 02903
Treasurer	CLAUDIO DEMOLLI 10 MEMORIAL BOULEVARD PROVIDENCE, RI, 02903
Vice-President	JOSEPH S. GENDRON 10 MEMORIAL BOULEVARD PROVIDENCE, RI, 02903
Type	Name/Address

Name Changes

Date	Old Name
7/18/2025	IGT GLOBAL SOLUTIONS CORPORATION
10/14/2015	GTECH CORPORATION
Date	Old Name

Mergers

Merger Date	Merged	Merged State	Survived	Survived State
12/31/2003	INTERLOTT TECHNOLOGIES, INC.	DC	GTECH CORPORATION	DE
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
7/18/2025	NAME CHANGE: FROM IGT GLOBAL SOLUTIONS CORPORATION
10/14/2015	NAME CHANGE: FROM GTECH CORPORATION
12/31/2003	MERGER: MERGING INTERLOTT TECHNOLOGIES, INC., A NON-QUALIFIED DE ORGANIZATION WITH AND INTO GTECH CORPORATION, A QUALIFIED DE CORPORATION, THE SURVIVOR
2/24/1994	MERGER; MERGING GTECH FACILITIES MANAGEMENT CORPORATION, A QUAL DE CORP, WITH AND INTO GTECH CORPORATION, A QUAL DE CORP, SURVIVOR.
Date	Amendment

Annual Reports**Filed For**

2025

2024

2023

2022

2021

2020

2019

2018

2017x

2017

2016

2015

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, August 12, 2025 — 2:36 PM

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e.g. 1606N020Q02



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- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

"BRIGHTSTAR GLOBAL SOLUTIONS CORPORATION" 

Entity

Location

Status

- ☒ Active
- ☐ Inactive

Reset 

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

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