

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000050 (1)

1. Corporation Name
DINERS CLUB INTERNATIONAL LTD. CORPORATION



Principal Place of Business Mailing Address
8430 W. BRYN MAWR AVE. CHICAGO IL 60631 **8430 W. BRYN MAWR AVE. CHICAGO IL 60631-3407**

3. Date Incorporated or Qualified **12/31/1996** 3a. Date of Last Report
4. FEI Number **13-1596763** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	FRIESELL, WILLIAM H	
STREET ADDRESS	8430 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOTRON, JEAN-PAUL	
STREET ADDRESS	500 W. MADISON ST.	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROGERS, PETER W	
STREET ADDRESS	8430 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSS, JAKE EGG	
STREET ADDRESS	8430 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSGON, THOMAS	
STREET ADDRESS	6500 W. MADISON ST.	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	Asst. Sect	<input type="checkbox"/> DELETE
NAME	COLA YANG, ESQ	
STREET ADDRESS	8430 W. BRYN MAWR AVE	
CITY-ST-ZIP	CHGO, IL 60631	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSS, JACOB ESQ
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cola Yang **REQUIRED** 2/19/97 772-310-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011833

CR2E034 (9/96)