


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90049 028 \*\*\*150.00

**DOCUMENT # F97000000050**

1. Entity Name  
**DINERS CLUB INTERNATIONAL LTD. CORPORATION**



Principal Place of Business  
**8430 W. BRYN MAWR AVE.  
 CHICAGO, IL 60631**

Mailing Address  
**8430 W. BRYN MAWR AVE.  
 CHICAGO, IL 60631**

2. Principal Place of Business - No P.O. Box #  
**50 Northwest Point Blvd.**

3. Mailing Address  
**50 Northwest Point Blvd.**

Suite, Apt. #, etc.  
**4th Floor**

Suite, Apt. #, etc.  
**4th Floor**

City & State  
**Elk Grove Village, IL**

City & State  
**Elk Grove Village, IL**

Zip  
**60007**

Country  
**USA**

Zip  
**60007**

Country  
**USA**

01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-1596763**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, PETER W 8430 W. BRYN MAWR AVE. CHICAGO, IL 60631 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Julie Pukas 153 East 53rd Street New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEICHGRAEBER, THOMAS G 8430 W BRYON MAWR CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Northwest Point Blvd. Elk Grove Village, IL 60007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEMBERIS, THEODORE 8430 W. BRYN MAWR AVE. CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Northwest Point Blvd. Elk Grove Village, IL 60007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD SIMS, WILLIAM 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Northwest Point Blvd. Elk Grove Village, IL 60007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B. Teichgraber, Secretary 01-08-08 224-222-2170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**THOMAS B. TEICHGRAEBER, SECRETARY**

40005047

