2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168326

Entity Name: CONSUMER INCENTIVE PROGRAMS, INC.

Current Principal Place of Business:

1905 PERIMETER PARK ROAD FERNANDINA BEACH. FL 32034

Current Mailing Address:

PO BOX 17071

FERNANDINA BEACH, FL 32035 US

FEI Number: 20-1999701 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 19, 2017

Secretary of State

CC6297465067

Officer/Director Detail:

Title DIRECTOR Title SECRETARY, DIRECTOR

Name LENKER, MAX Name BOLCH, SUSAN B
Address 142 CANNONBALL LANE Address 1250 SPYGLASS LANE

City-State-Zip: WATERSOUND FL 32461 City-State-Zip: NAPLES FL 34102

Title CEO, ASST. SECRETARY, DIRECTOR Title ASST. SECRETARY, DIRECTOR

Name MORAN, ALLISON BOLCH Name DUMBACHER, ROBERT J

Address 200 GALLERIA PARKWAY SE Address 200 GALLERIA PARKWAY SE

SUITE 900 SUITE 900

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title ASST. SECRETARY Title PRESIDENT
Name AKERS , JOSEPH H Name MILAM, BILL

Address 200 GALLERIA PARKWAY SE Address 200 GALLERIA PARKWAY SE

SUITE 900 SUITE 900

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title CHAIRMAN, DIRECTOR Title DIRECTOR

NameBOLCH, CARL E JR.NameMORHOUS, NATALIE BOLCHAddress1250 SPYGLASS LANEAddress200 GALLERIA PARKWAY SE

address 1250 SPYGLASS LANE Address 200 GALLERIA PARKWAY SE SUITE 900

City-State-Zip: NAPLES FL 34102

ty-State-Zip: NAFEES FE 34102 City-State-Zip: ATLANTA GA 30339

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH H. AKERS ASST SECRETARY 04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name ISBILL, MELANIE BOLCH Name BOLCH, JORDAN BASS

Address 200 GALLERIA PARKWAY SE Address 200 GALLERIA PARKWAY SE

SUITE 900 SUITE 900

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339