

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005475

**Entity Name:** COUPON INFORMATION CORP.

**Current Principal Place of Business:**

1900 CAMPUS COMMONS DRIVE  
STE. 100  
RESTON, VA 20191

**Current Mailing Address:**

8595 COLLIER BLVD  
STE. 107-32  
NAPLES, FL 34114 US

**FEI Number:** 52-1496778

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GFPAC SERVICES, LLC  
5551 RIDGEWOOD DRIVE  
STE. 501  
NAPLES, FL 34108 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            METTS, KIMBERLY  
Address        ONE BUTTERBALL LANE  
City-State-Zip: GARNER NC 27510  
  
Title            VP  
Name            RIEGER, KARA  
Address        1 CHECKERBOARD SQUARE 4T  
City-State-Zip: ST. LOUIS MO 63164

Title            EXECUTIVE DIRECTOR  
Name            MILLER, BUD CPP  
Address        8595 COLLIER BLVD  
                  STE 107-32  
City-State-Zip: NAPLES FL 34114  
  
Title            TREASURER  
Name            GIARDINA, LISA  
Address        1900 W FIELD COURT  
                  1E-453  
City-State-Zip: LAKE FOREST IL 60045

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BUD MILLER, CPP

**EXECUTIVE DIRECTOR**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date