

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005475

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC6368723953**

**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	PD	Title	VPVC
Name	KUSERICK, MICHAEL	Name	METTS, KIMBERLY
Address	300 PARK AVENUE	Address	ONE BUTTERBALL LANE
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	GARNER NC 27510
Title	SD	Title	EXECUTIVE DIRECTOR
Name	MITCHELL, TRENA	Name	MILLER, BUD CPP
Address	211 SCHILLING CIRCLE	Address	8595 COLLIER BLVD STE 107-32
City-State-Zip:	HUNT VALLEY MD 21031	City-State-Zip:	NAPLES FL 34114

*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 **EXECUTIVE DIRECTOR**    **02/16/2018**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date