

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000006344

1. Entity Name  
LOYALTYONE, INC.



Principal Place of Business

6101 MEIJER DRIVE  
MILFORD, OH 45159

Mailing Address

800 TECHCENTER DRIVE  
COLUMBUS, OH 43230



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1746398

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCEO  
BELTZ, MICHAEL A  
17655 WATERVIEW PARKWAY  
DALLAS, TX 75252

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
DUSARO, DENISE  
17655 WATERVIEW PARKWAY  
DALLAS, TX 75252

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPS  
UTAY, ALAN M  
17655 WATERVIEW PARKWAY  
DALLAS, TX 75252

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
KUSCHILL, JAMES E  
6101 MEIJER DRIVE  
MILFORD, OH 45159

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
CAPIZZI, MICHAEL T  
6101 MEIJER DRIVE  
MILFORD, OH 45159

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
SCHUMACHER, RICHARD E JR.  
800 TECHCENTER DRIVE  
COLUMBUS, OH 43230

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #