2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002492

Entity Name: TRAVELERS ADVANTAGE SERVICES, INC.

FILED Jul 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 CONNECTICUT AVENUE NORWALK, CT 06850 **Current Mailing Address: New Mailing Address:** 100 CONNECTICUT AVENUE NORWALK, CT 06850 FEI Number: 20-2221128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LIPMAN, NATHANAL J LIPMAN, NATHANAL J Name: Name: 100 CONNECTICUT AVENUE 100 CONNECTICUT AVENUE Address: Address: City-St-Zip: NORWALK, CT 06850 City-St-Zip: NORWALK, CT 06850 Title: Title: () Delete (X) Change () Addition Name: WYSHNER, DAVID B Name: FINO. ALBERT 1 CAMPUS DRIVE 100 CONNECTICUT AVENUE Address: Address: PARSIPPANY, NJ 06850 NORWALK, CT 06850 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition CFO () Delete **FVPS** ROONEY, ROBERT G SIEGEL, TODD Name: Name: 100 CONNECTICUT AVENUE 100 CONNECTICUT AVENUE Address: Address: City-St-Zip: NORWALK, CT 06850 City-St-Zip: NORWALK, CT 06850 Title: ٧S () Delete Title: **EVPD** (X) Change () Addition BOCK, ERIC J ROONEY, ROBERT Name: Name: Address: 9 WEST 57TH STREET, 37TH FLOOR Address: 100 CONNECTICUT AVENUE City-St-Zip: City-St-Zip: NEW YORK, NY 10019 NORWALK, CT 06850 Title: Title: (X) Delete () Change () Addition CHRISTOPOUL, THOMAS D Name: Name: 1 CAMPUS DRIVE Address: Address: City-St-Zip: PARSIPAPANY, NJ 07054 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: KATZ, SAMUEL L Name: 9 WEST 57TH STREET, 37TH FLOOR Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT FINO VS 07/25/2006