

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortiani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001918 (2)

1. Corporation Name
CATALINA MARKETING INTERNATIONAL, INC.



Principal Place of Business
**11300 9TH ST. NORTH
ST. PETERSBURG FL 33716
US**

Mailing Address
**11300 9TH ST. NORTH
C/O TAX DEPARTMENT
ST. PETERSBURG FL 33716
US**

3. Date Incorporated or Qualified
04/21/1993

3a. Date of Last Report
03/02/1995

4. FEI Number
33-0488896

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware of, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
OFFICERS AND DIRECTORS _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____

12. OFFICERS AND DIRECTORS

1. TITLE: PD
NAME: GREER, TOMMY D
STREET ADDRESS: 11300 9TH ST. NORTH
CITY, ST, ZIP: ST. PETERSBURG FL

2. TITLE: STD
NAME: O'CONNOR, WILLIAM E.
STREET ADDRESS: 11300 9TH ST. NORTH
CITY, ST, ZIP: ST. PETERSBURG FL

3. TITLE: AS
NAME: TARASEN, WILTINE M
STREET ADDRESS: 11300 9TH ST. NORTH
CITY, ST, ZIP: ST. PETERSBURG FL

4. TITLE: D
NAME: OFF, GEORGE W
STREET ADDRESS: 11300 9TH ST. NORTH
CITY, ST, ZIP: ST. PETERSBURG FL

5. TITLE: AS
NAME: GASPARINI, BEN
STREET ADDRESS: 11300 9TH STREET NORTH
CITY, ST, ZIP: ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: STD
NAME: PHILIP LIVINGSTON
STREET ADDRESS: 11300 9TH ST N
CITY, ST, ZIP: ST PETERSBURG, FL 33716

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier initial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *BEN GASPARINI* **BEN GASPARINI** 2/6/96 (813) 579-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)