

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33716-2329  
US**

3. Date Incorporated or Qualified  
**04/21/1993**

3a. Date of Last Report  
**02/15/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>33-0488896</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>GREER, TOMMY D</b>	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11300 9TH ST. NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	1.2 NAME	
TITLE <b>STD</b>	NAME <b>LIVINGSTON, PHILIP</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>11300 9TH ST. NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>AS</b>	NAME <b>TARASEN, WILTINE M</b>	2.1 TITLE <b>SVPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11300 9TH ST. NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>OFF, GEORGE W</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>11300 9TH ST. NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE <b>AS</b>	NAME <b>GASPARINI, BEN</b>	3.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>11300 9TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	3.2 NAME <b>DAVID VAN BASKIRK</b>	
TITLE <b>AS</b>	NAME <b>BRUCE VALENTINE</b>	3.3 STREET ADDRESS <b>11300 9TH ST N.</b>	
STREET ADDRESS <b>11300 9TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33716</b>	
TITLE <b>D</b>	NAME <b>OFF, GEORGE W</b>	4.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11300 9TH ST. NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	4.2 NAME	
TITLE <b>AS</b>	NAME <b>GASPARINI, BEN</b>	4.3 STREET ADDRESS	
STREET ADDRESS <b>11300 9TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE <b>AS</b>	NAME <b>CHRISTOPHER WOLF</b>	5.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>11300 9TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	5.2 NAME	
TITLE <b>T</b>	NAME <b>BRUCE VALENTINE</b>	5.3 STREET ADDRESS <b>11300 9TH ST N.</b>	
STREET ADDRESS <b>11300 9TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33716</b>	
TITLE <b>D</b>	NAME <b>OFF, GEORGE W</b>	6.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>11300 9TH ST. NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	6.2 NAME	
TITLE <b>AS</b>	NAME <b>GASPARINI, BEN</b>	6.3 STREET ADDRESS <b>11300 9TH ST N.</b>	
STREET ADDRESS <b>11300 9TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	6.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33716</b>	

14. I do 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher Wolf DATE: 1/20/97 (813) 579-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)