

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90407 041 \*\*\*150.00

**DOCUMENT # F93000001918**

1. Entity 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
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2. Principal Place of Business <b>200 Carillon Pkwy</b>	3. Mailing Address <b>200 Carillon Pkwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Petersburg, FL</b>	City & State <b>St. Petersburg, FL</b>
Zip <b>33714</b>	Country <b>USA</b>
Zip <b>33714</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>33-0488896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREER, TOMMY D</b> <b>11300 9TH ST. NORTH</b> <b>ST. PETERSBURG FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Carillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VAN BUSKIRK, DAVID</b> <b>11300 9TH ST. N.</b> <b>ST. PETERSBURG FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Carillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>OFF, GEORGE W</b> <b>11300 9TH ST. NORTH</b> <b>ST. PETERSBURG FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Carillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WOLF, CHRISTOPHER</b> <b>11300 9TH ST. N.</b> <b>ST. PETERSBURG FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Carillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BREEZE, W. JEFFREY</b> <b>11300 9TH ST. N.</b> <b>ST. PETERSBURG FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Carillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BRISTOW, TOM</b> <b>11300 9TH STREET N</b> <b>SAINT PETERSBURG FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Carillon Parkway</b>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **5/16/01** 727-579-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Attachment

# F93000001918

D0054891

**CATALINA MARKETING INTERNATIONAL  
LIST OF OFFICERS AND DIRECTORS**

**OFFICERS:**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
George W. Off	President/CEO	200 Carillon Parkway St. Petersburg, FL 33716
Joe Port	CFO/Secretary	200 Carillon Parkway St. Petersburg, FL 33716
John Halak	Vice President- Legal Affairs/ Asst. Secretary	200 Carillon Parkway St. Petersburg, FL 33716
David VanBuskirk	Vice President	200 Carillon Parkway St. Petersburg, FL 33716
Eric N. Williams	Vice President	200 Carillon Parkway St. Petersburg, FL 33716
Christopher Wolf	Assistant Secretary	200 Carillon Parkway St. Petersburg, FL 33716
W. Jeffrey Breeze	Assistant Secretary	200 Carillon Parkway St. Petersburg, FL 33716
Tom Bristow	Assistant Secretary	200 Carillon Parkway St. Petersburg, FL 33716

**DIRECTORS:**

Daniel D. Granger	Director	200 Carillon Parkway St. Petersburg, FL 33716
Tommy D. Greer	Director	200 Carillon Parkway St. Petersburg, FL 33716
George W. Off	Director	200 Carillon Parkway St. Petersburg, FL 33716
David VanBuskirk	Director	200 Carillon Parkway St. Petersburg, FL 33716