

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90099 002 ***150.00

20032699



DOCUMENT # F93000001918 1. Entity Name CATALINA MARKETING INTERNATIONAL, INC.					
Principal Place of Business 200 CARILLON PARKWAY ST. PETERSBURG, FL 33716 US			Mailing Address 200 CARILLON PARKWAY ST. PETERSBURG, FL 33716 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTS, ROBERT		NAME		
STREET ADDRESS	200 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ERIC		NAME		
STREET ADDRESS	200 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, SUE		NAME		
STREET ADDRESS	200 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ERIC		NAME		
STREET ADDRESS	200 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREIBARGER, JOANNE		NAME		
STREET ADDRESS	200 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	AS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISTOW, THOMAS		NAME		
STREET ADDRESS	200 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>R.D. Potts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/11/06</u> <u>727 579 5000</u> <small>Date Daytime Phone #</small>		