

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004812

1. Entity Name  
REWARDS NETWORK SERVICES INC.



FILED  
05 MAY -5 PM 12:54  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2 N RIVERSIDE PLAZA  
#950  
CHICAGO, IL 60606

Mailing Address  
2 N RIVERSIDE PLAZA  
#950  
CHICAGO, IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0515254

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WIEDEMANN, GEORGE S  
STREET ADDRESS 2 N RIVERSIDE PLZ #950  
CITY-ST-ZIP CHICAGO, IL 60606 ☒ Delete

TITLE PD  
NAME RONALD L. Blake  
STREET ADDRESS 2 N. RIVERSIDE PLAZA #950  
CITY-ST-ZIP Chicago, IL 60606 ☐ Change ☒ Addition

TITLE VSD  
NAME ADEL, BRYAN R  
STREET ADDRESS 2 N RIVERSIDE PLZ #950  
CITY-ST-ZIP CHICAGO, IL 60606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME POSNER, KENNETH R  
STREET ADDRESS 2 N RIVERSIDE PLZ #950  
CITY-ST-ZIP CHICAGO, IL 60606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan R. Adel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 (312) 521-6767  
Date Daytime Phone #

B