

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004812

1. Entity Name
REWARDS NETWORK SERVICES INC.



FILED

2007 FEB 16 PM 3:06

SECRETARY 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 - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0515254

Applied For
Not Applicable

Zip

Country

Zip

Country

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200089284402
02/27/07--01004--012 **150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BLAKE, RONALD L.
CITY-ST-ZIP 2 N RIVERSIDE PLZ #950
CHICAGO, IL 60606 ☐ Delete

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

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

TITLE
NAME VSD
STREET ADDRESS ROYA BEHNIA
CITY-ST-ZIP 2 N RIVERSIDE PLAZA #950
CHICAGO, IL 60606 ☐ Change ☒ Addition

TITLE
NAME TD
STREET ADDRESS LOCKE, CHRISTOPHER J
CITY-ST-ZIP 2 N RIVERSIDE PLZ #950
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME AT
STREET ADDRESS SUSAN SELL
CITY-ST-ZIP 2 N RIVERSIDE PLAZA #950
CHICAGO, IL 60606 ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

312-521-6767