

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002478

1. Entity Name
REWARDS NETWORK ESTABLISHMENT SERVICES INC.



FILED
05 MAY -5 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business
2 N. Riverside Plaza
Suite, Apt. #, etc.
#950

3. Mailing Address
2 N. Riverside Plaza
Suite, Apt. #, etc.
#950

05032005 Chg-P CR2E034 (10/03) 05

City & State
Chicago, IL
Zip
60606
Country
USA

City & State
Chicago, IL
Zip
60606
Country
USA

4. FEI Number
13-3698905
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000054667500
05/17/05--01025--022 **150.00 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Ronald L. Blake
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan R. Adel

5/3/05 (312) 521-6767

Date

Daytime Phone #

B