

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002478

1. Entity Name  
REWARDS NETWORK ESTABLISHMENT SERVICES INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400065597404  
CITY-ST-ZIP 02/10/06--01080--004 \*\*150.00

TITLE TD ☐ Change ☒ Addition  
NAME Christopher J. Locke  
STREET ADDRESS 2 N. RIVERSIDE PLAZA, #950  
CITY-ST-ZIP Chicago, IL 60606

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

312.521-6767

Daytime Phone #

FILED  
06 JAN 30 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

