

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90202 016 ***150.00

DOCUMENT # F95000003882

1. Entity Name

ADS ALLIANCE DATA SYSTEMS, INC.

Principal Place of Business

**17655 WATERVIEW PARKWAY
DALLAS TX 75252**

Mailing Address

**17655 WATERVIEW PARKWAY
DALLAS TX 75252**

2. Principal Place of Business

3. Mailing Address

800 TECHCENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAHANNA OH 43230

Zip

Country

43230**USA**4. FEI Number **13-3163498**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PARKS, MICHAEL J 17655 WATERVIEW PARKWAY DALLAS TX 75252	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GROOMES, DANIEL T 800 TECHCENTER DR GAHANNA OH 43230	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAO ANDERSON, JAMES 17655 WATERVIEW PARKWAY DALLAS TX 75252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELTZ, MICHAEL A 17655 WATERVIEW PARKWAY DALLAS TX 75252	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICUCCI, ROBERT ONE WORLD FINANCIAL CENTER STE 3601 NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BRUCE ONE WORLD FINANCIAL CENTER STE 3601 NEW YORK NY	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V RICHARD E SCHUMACHER JR 800 TECHCENTER DRIVE GAHANNA OH 43230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S CAROLYN S MELVIN 800 TECHCENTER DRIVE GAHANNA OH 43230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 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

4-18-01

Date

614-729-4677

Daytime Phone #

CR2E034 (10/00)