

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003882

1. Entity Name

ADS ALLIANCE DATA SYSTEMS, INC.



Principal Place of Business

17655 WATERVIEW PARKWAY
DALLAS, TX 75252

Mailing Address

800 TECHCENTER DRIVE
GAHANNA, OH 43230



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO PARKS, MICHAEL J 17655 WATERVIEW PARKWAY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUMACHER, RICHARD E JR 800 TECHCENTER DR GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S UTAY, ALAN M 17655 WATERVIEW PKWY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BELTZ, MICHAEL A 17655 WATERVIEW PARKWAY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINICUCCI, ROBERT 320 PARK AVENUE STE 2500 NEW YORK, NY 100226815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, BRUCE 320 PARK AVENUE STE 2500 NEW YORK, NY 100226815

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #