

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 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**



01062005 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, 2005 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**

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02/19/05-80007-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-05
Date

614-725-4638
Daytime Phone #