2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **F96000003371** May 15, 2000 8:00 am Secretary of State 1. Entity Name SUPERMARKETS ONLINE, INC. 05-15-2000 90219 043 ***150.00 Mailing Address Principal Place of Business % CATALINA MARKETING CORPORATION % CATALINA MARKETING CORPORATION 11300 9TH STREET NORTH 11300 9TH STREET NORTH ST. PETERSBURG FL 33716-2329 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3386998 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE TALLAHASSEE FL 32301 Zip Code City FI 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) 3. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ₩. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITI F ROCHON, DAVID A NAME NAME STREET ADDRESS STREET ADDRESS 11300 9TH ST. N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOLF, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 11300 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME HALAK, JOHN STREET ADDRESS STREET ADDRESS 11300 9TH ST N

CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33716 Addition ☐ Delete Change TITLE BREEZE, W. JEFFREY NAME STREET ADDRESS STREET ADDRESS 11300 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete TITLE Bristow, Tom 11300 9th St. N. St. Petersburg, FL 33716 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE TITLE Delete Miele, Leah 11300 9th St.N. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33716 CITY-ST-ZIP

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