FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 90880 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004677 1. Entity Name CATALINA MARKETING SALES CORPORATION					
CATALIN	IA MARKETING SA	LES CORPO	RATION		
D	O NOT WRITE	IN THIS	SPACE		
	o nor man-	<i>n</i>	01710		
	lace of Business	3. Mailing Addre			
200 CARILLON PARKWAY		200 CARILLON PARKWAY Suite, Apt. #, etc.			
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	DO NOT WRITE IN THIS SPACE	
City & State		City & State	COUDC EI	4. FEI Number Applie 33-0488894 Not Ap	
Zip	CRSBURG_FL.	Zip	RSBURG FL	\$8.75 Addition	plicable – nal
33716	USA	33716	USA	5. Certificate of Status Desired Fee Required	
			Name	7. Name and Address of Current Registered Agent	
	DO NOT W	OITE	NRAI SE	ERVICES, INC	
	DO NOT W	KHE	Street Address 526 EAS	s (P.O. Box Number is Not Acceptable) ST PARK AVENUE	1
	IN THIS SF	PACE			
			City	ASSEE FL Zip Code 32301	
			TÁLLAHA		
8. The above	named entity submits this stateme	ent for the purpose of	f changing its registered office or	registered agent, or both, in the State of Florida.	
SIGNATURE					
OICH TORL	Signature, typed or printed name of reg	istered agent and title if	A AL CHOTE Desires LA	Agent signature required when reinstating) DATE	
		istores agent and tide in	applicable. (NOTE: Registered A	Agent signature required when reinstating) DATE	
9. This corpo	ration is eligible to satisfy its Intan	gible Janu	uary 1 - May 1 Fee is \$150.00		May Be
Tax filing re	equirement and elects to do so.	gible Janu	uary 1 - May 1 Fee is \$150.00 fter May 1, Fee is \$660.00 Amended UBR is \$61.25	10. Election Campaign Financing \$5.00 to Trust Fund Contribution.	· 1
Tax filing re (See criter	equirement and elects to do so. ia on back)	gible Janu A Make Che	uary 1 - May 1 Fee is \$150.00 ffer May 1, Fee is \$650.00	10. Election Campaign Financing \$5.00 to Trust Fund Contribution.	· 1
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ASST SECRE'S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST SECRETARY

4/22/02 727-579-5000