

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 CARILLON PARKWAY

3. Mailing Address

200 CARILLON PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG-FL

City & State

ST PETERSBURG FL

4. FEI Number

33-0488894

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33716

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)

526 EAST PARK AVENUE

City

TALLAHASSEE

FL

Zip Code

32301

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHIEF EXECUTIVE OFFICER
DANIEL GRANGER
200 CARILLON PARKWAY
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
MICHAEL BECHTOL
200 CARILLON PARKWAY
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRES./SECRETARY
JOSEPH PORT
200 CARILLON PARKWAY
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER/CFO
CHRISTOPHER WOLF
200 CARILLON PARKWAY
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASSISTANT SECRETARY
THOMAS BRISTOW
200 CARILLON PARKWAY
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200 CARILLON PARKWAY
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ASST SECRETARY

4/22/02 727-579-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)