

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90547 003 \*\*\*150.00

**DOCUMENT # F98000004677**



1. Entity Name  
**CATALINA MARKETING MANUFACTURER SERVICES, INC.**

Principal Place of Business: **200 CARILLON PKWY ST. PETERSBURG, FL 33716**  
 Mailing Address: **200 CARILLON PKWY ST. PETERSBURG, FL 33716**

**14008148**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

03232004 Chg-P CR2E034 (10/03)  
 4. FEI Number: **33-0488894**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 E PARK AVE**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: AS NAME: BRISTOW, TOM STREET ADDRESS: 200 CARILLON PKWY CITY-ST-ZIP: ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE: TCFO NAME: WOLF, CHRISTOPHER STREET ADDRESS: 200 CARILLON PKWY CITY-ST-ZIP: ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE: CEO NAME: GRANGER, DAN STREET ADDRESS: 200 CARILLON PKWY CITY-ST-ZIP: ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE: PD NAME: BECHTOL, MICHEAL STREET ADDRESS: 200 CARILLON PKWY CITY-ST-ZIP: ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: PORT, JOSEPH STREET ADDRESS: 200 CARILLON PKWY CITY-ST-ZIP: ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: AS NAME: Potts, Robert STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP / S / D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CEO / P / D NAME: Buell, Dick STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: Freiburger, Joanne STREET ADDRESS: 200 Carillon Parkway CITY-ST-ZIP: St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Melanson, Patricia STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Potts* *R.D. Potts* *4/19/04* *727-579-5000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #