2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Robert Potte

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # F98000004677** 04-26-2004 90547 003 ***150.00 CATALINA MARKETING MANUFACTURER SERVICES, Principal Place of Business Mailing Address 14008148 200 CARILLON PKWY 200 CARILLON PKWY ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33-0488894 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 Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVE TALLAHASSEE, FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May be Added to Fees \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. AS TITLE TITLE ☐ Delete Change Addition BRISTOW, TOM Potts, Robert NAME NAME STREET ADDRESS 200 CARILLON PKWY STREET ADDRESS ST. PETERSBURG, FL 33716 CITY-ST-ZIP CITY-ST-ZIP VP/5/D ☐ Delete Change Change TITLE TITLE Addition WOLF, CHRISTOPHER NAME NAME STREET ADDRESS 200 CARILLON PKWY STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP CEO/P/D. CEO .. TITLE Delete... GRANGER, DAN NAME NAME Buell, Dick STREET ADDRESS 200 CARILLON PKWY STREET ADDRESS CITY - ST- ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP PΩ Delete TITLE TITLE ☐ Change 🔯 Addition Freiberger, Joanne NAME BECHTOL, MICHEAL NAME 200 Carillon Parkway STREET ADDRESS 200 CARILLON PKWY STREET ADDRESS St. Petersbu CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP VPSD TITLE ☐ Delete TITLE **M** Change ☐ Addition PORT, JOSEPH NAME Melanson, Patricia NAME STREET ADDRESS 200 CARILLON:PKWY STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Contibba [7] NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED