

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90166 026 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-0488894	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE AS NAME POTTS, ROBERT STREET ADDRESS 200 CARILLON PKWY CITY-ST-ZIP ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE VP/IT/D NAME Joanne Freiberger STREET ADDRESS 800 Carillon Pkwy CITY-ST-ZIP St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/D NAME WOLF, CHRISTOPHER STREET ADDRESS 200 CARILLON PKWY CITY-ST-ZIP ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jay Parsons STREET ADDRESS 200 Carillon Pkwy CITY-ST-ZIP St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CEOP NAME BUELL, DICK STREET ADDRESS 200 CARILLON PKWY CITY-ST-ZIP ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete		TITLE D NAME Eric Williams STREET ADDRESS 800 Carillon Pkwy CITY-ST-ZIP St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME FREIBERGER, JOANNE STREET ADDRESS 200 CARILLON PKWY CITY-ST-ZIP SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE S NAME Justin Summer STREET ADDRESS 200 Carillon Pkwy CITY-ST-ZIP St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MELANSON, PATRICIA STREET ADDRESS 200 CARILLON PKWY CITY-ST-ZIP ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete		TITLE S NAME Justin Summer STREET ADDRESS 200 Carillon Pkwy CITY-ST-ZIP St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" 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: <u>R.D. Potts</u>			4/26/05 787 579 5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		