

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90099 028 ***150.00

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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

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS POTTS, ROBERT 200 CARILLON PKWY ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARSONS, JAY 800 CARRILLEN PKWY ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD FREIBERGER, JOANNE 200 CARILLON PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ERIC 200 CARILLON PKWY ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUMMER, JUSTIN 200 CARRILEN PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 727 579 5000

Date

Daytime Phone #