

DOCUI 1. Entity Nam RTR FUN	:	950 05 MAY -5 PM 2:58 TALLAHASSEE, FLORIDA										
Principal Place 2 NORTH RIV CHICAGO, IL	ERSIDE PLA	Mailing Address 2 NORTH RIVERSIDE PLAZA, #950 CHICAGO, IL 60606					"OSEE,	FLORIL	E DA	131 IVI 1481		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					05032005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & Sta			4. FEI Numb 65-092			<u> </u>	olied For Applicable		
Zip		Country	Zip // Count			try	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Regis Name					Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street Address (P.O. Box Number is Not Acceptable)						
						City			<u>.</u>	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												
Filing Fee Is \$50.00 Due by September 7, 2005								,		ke check p	ayable to ent of State	1
9.	Meen	MANAGING MEMBER			10.				ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-S1-ZEP	MGRM REWARDS NETWORK INC. 2 NORTH RIVERSIDE PLAZA, #950 CHICAGO, IL 60606					E E Et adoress - St- Zep					☐ Change	Addition .
TITLE	MGR Delete						MGR	t .	Riako	· · · · · · · · · · · · · · · · · · ·	☐ Change	□Attidition
NAME STREET ADDRESS CITY-ST-ZIP	WIEDEMANN, GEORGE S 2 NORTH RIVERSIDE PLAZA, #950 CHICAGO, IL 60606					E Et adoress - St- <i>z</i> ip	Rono	RIVERS	Blake DIE Plaza, IL 606	#950	ı	
TITLE	MGR Delete					E	Cit	cago 1	16 000	UQ	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ADEL, BRYAN R 2 NORTH RIVERSIDE PLAZA, #950 CHICAGO, IL 60606					E ET ADDRESS - ST- ZIP						
TITLE NAME	MGR Delete POSNER, KENNETH R					E E					Change	Addition
STREET ADORESS CITY+ST-ZIP	2 NORTH RIVERSIDE PLAZA, #950					ET ADDRESS -ST-ZIP		05/	40005 4 12/05010	130 3	33 14 2 **50	.00
IIILE NAME STREET ADDRESS CITY-SI-ZIP				□ Delete							Change	Addition
TITLE				☐ Detete	TITLE		 			···	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						E Et address -st-zip						
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: 3 MC Bruan R. Adel 5/3/05 (312)521-6767												
SIGNAT	URE:	AND TYPED ON PRINTED NAME OF	SIGNING MANAC	Dru	100	K.	101C		<u> </u>	(212)	52ru	101