2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002313

Entity Name: NORTH AMERICAN CARD AND COUPON SERVICES, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6700-B RICHMOND HWY ALEXANDRIA, VA 22306				6600 NORTH MILITARY TRAIL BOCA RATON, FL 33496			
Current Mailing Address:				New Mailing Address:			
2200 OLD GERMANTOWN ROAD DELRAY BEACH, FL 33445				6600 NORTH MILITARY TRAIL BOCA RATON, FL 33496			
FEI Number:	03-0456558	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
11380 PRC #221E	OSPERITY FAF	NS NETWORK INC. RMS RD 5, FL 33410 US					
	named entity s of Florida.	submits this statement for the po	urpose o	f changing it	ts registered of	fice or registered agent, or both	
SIGNATUF	RE:						
	Electron	ic Signature of Registered Age	nt			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	FANNIN, DAVID	MANTOWN ROAD		Title: Name: Address: City-St-Zip:	P (X) SCHMIDT, STEN 6600 NORTH MI BOCA RATON, F	LITARY TRAIL	
Title: Name: Address: City-St-Zip:	GRADY, JAMES	MANTOWN ROAD		Title: Name: Address: City-St-Zip:	V (X) GRADY, JAMES 6600 NORTH MI BOCA RATON, F	LITARY TRAIL	
Title: Name: Address: City-St-Zip:	ZUCKERMAN, A	MANTOWN ROAD		Title: Name: Address: City-St-Zip:	VCFO (X) NEWMAN, MICH 6600 NORTH MI BOCA RATON, F	LITARY TRAIL	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	V () SIVAKANTHAN, 6600 NORTH MI BOCA RATON, F	LITARY TRAIL	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	AS () DAVIES, CHRIS 6600 NORTH MI BOCA RATON, F	LITARY TRAIL	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VT () BOESE, JENNIF 6600 NORTH MI BOCA RATON, F	LITARY TRAIL	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN SCHMIDT BY V.HAWK AS ATTY-IN-FACT

04/29/2009