# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 04, 2008**
**Secretary of State**

DOCUMENT# M07000006636

**Entity Name:** AFFINION BENEFITS GROUP, LLC

**Current Principal Place of Business:**

400 DUKE DRIVE
FRANKLIN, TN 370672700

**New Principal Place of Business:**

**Current Mailing Address:**

400 DUKE DRIVE
FRANKLIN, TN 370672700

**New Mailing Address:**

**FEI Number: 26-0777961** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: AFFNION GROUP, LLC,
Address: 100 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 068503561

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY B. SOUTHARD, CONTROLLER / GVPNA MRS. 08/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date