

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005618

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SENIOR REWARDS, INC.

## Current Principal Place of Business:

2300 M STREET  
SUITE 800-2301  
WASHINGTON, DC 20037

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 311035  
INDEPENDENCE, OH 44131

## New Mailing Address:

P.O. BOX 71174  
MADISON HEIGHTS, MI 48071

FEI Number: 33-1020458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RICE, ANDREW J  
Address: 189 N. GEORGETOWN  
City-St-Zip: ROYAL OAK, MI 48067

Title: DT ( ) Delete  
Name: LEVICH, DAVID  
Address: 213 N GAINSBOROUGH  
City-St-Zip: ROYAL OAK, MI 48067

Title: DS ( ) Delete  
Name: LANE, MARILYN K  
Address: 13000 TINKERS CREEK ROAD  
City-St-Zip: VALLEY VIEW, OH 44125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: ALPERT, JANET R  
Address: 4820 FAIRVIEW CT.  
City-St-Zip: WEST BLOOMFIELD, MI 48322

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW J. RICE

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date