

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -2 PM 3:32

DOCUMENT # **P38274** (7)

1. Corporation Name  
**CATALINA MARKETING CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% ACCTS. PAYABLE 11300 9TH STREET NORTH ST. PETERSBURG FL 33716-2329	C/O TAX DEPT. 11300 9TH STREET NORTH ST. PETERSBURG FL 33716-2329 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/10/1992</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>33-0499007</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, TOMMY D	1.2 NAME	
STREET ADDRESS	11300 9TH ST NORTH	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFF, GEORGE W	2.2 NAME	
STREET ADDRESS	11300 9TH ST NORTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	2.4 CITY- ST- ZIP	
TITLE	VTS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, JOSEPH P	3.2 NAME	WILLIAM E. O'CONNOR
STREET ADDRESS	11300 9TH ST NORTH	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARMAN, STEPHEN J	4.2 NAME	PATRICK COLLINS
STREET ADDRESS	11300 9TH ST NORTH	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AGOSTINO, STEPHEN I	5.2 NAME	
STREET ADDRESS	11300 9TH ST NORTH	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCROGGIE, MICHEAL C	6.2 NAME	THOMAS G. MENDELL
STREET ADDRESS	11300 9TH ST NORTH	6.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on my affidavit with an address.

SIGNATURE: BEN GASPARINI 2/20/95 813.579-5000  
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Digital Stream #)

**CATALINA MARKETING CORPORATION**  
**LIST OF OFFICERS AND DIRECTORS**

<u>Name</u>	<u>Home Address</u>	<u>Title</u>
Helene Monat	157 Lozier Terrace River Edge, NJ 07681	Executive Vice President and Director
Karl Maggard	4801 Paragrine Pl. Circle Sarasota, FL 34231	Executive Vice President
Barry A. Brooks	399 Park Ave., 31st floor New York, NY 10022-4697	Secretary
Wrline M. Tarasen	2848 Sandpiper Pl. Clearwater, Florida 34622	Assistant Secretary
Robert A. Busch	595 Quintana Pl. NE St. Petersburg, FL 33703	Assistant Secretary
Ben Gasparini	1783 Bayhill Dr. Oldamar, FL 34677	Assistant Secretary
Thomas W. Smith	323 Railroad Ave. Greenwich, CT 06830	Director
Dianne C. Walker	3118 S.E. Silver Springs Drive Vancouver, Washington 98664	Director
Frederick W. Beinecke	15 West 81st St. Apt. 15H-PH New York, NY 10024	Director
Michael B. Wilson	4380 Bancroft Valley Alpharetta, GA 30202	Director