

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003243

**Entity Name:** CATALINA MARKETING PROCUREMENT, LLC

**Current Principal Place of Business:**

200 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

200 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**FEI Number: 56-2589333**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title           DIRECTOR, VP  
Name           SCHAFFER, SHELLY  
Address        200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title           TREASURER, ASST. SECRETARY,  
                  DIRECTOR  
Name           ANASTASOFF, NATHAN  
Address        200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title           VP, DIRECTOR  
Name           LASSETER, ANNA  
Address        200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title           PRESIDENT  
Name           MAXWELL, STAN  
Address        200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title           SECRETARY  
Name           GLOGOFF, DAVID  
Address        200 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANNA LASSETER**

**VICE PRESIDENT**

**03/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date