

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002478

**Entity Name:** REWARDS NETWORK ESTABLISHMENT SERVICES INC.

**FILED**  
**Apr 13, 2024**  
**Secretary of State**  
**0451398598CC**

**Current Principal Place of Business:**

540 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**Current Mailing Address:**

540 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661 US

**FEI Number: 13-3698905**

**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

**Officer/Director Detail :**

Title DIRECTOR  
Name FREIBERG, STEVEN  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title CEO  
Name EGER, EDMOND  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name CARPENTER, MICHAEL  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title CFO  
Name JANEK, DAVID  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name MARCUS, MICHAEL  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name MOSELEY, HAROLD DAVID  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title CHIEF LEGAL OFFICER  
Name KAUFFMAN, ROBERT  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title SECRETARY  
Name KAUFFMAN, ROBERT  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

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*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT KAUFFMAN**

**SECRETARY**

**04/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FUSCO, STEPHEN  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title SENIOR VICE PRESIDENT  
Name JANEK, DAVID  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name BILZIN, JONATHAN  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name MARTIN, HAROLD  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name ATKINSON, JULIE  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name EGER, EDMOND  
Address 540 W. MADISON STREET  
SUITE 2400  
City-State-Zip: CHICAGO IL 60661