

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P38274

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC0249870341**

**Entity Name:** CATALINA MARKETING CORPORATION

**Current Principal Place of Business:**

200 CARILLON PKWY  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

200 CARILLON PKWY  
SAINT PETERSBURG, FL 33716

**FEI Number:** 33-0499007

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
% CT 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 CFO  
Name BARNA , MICHAEL  
Address 200 CARILLON PARKWAY  
City-State-Zip: SAINT PETERSBURG FL 33716

Title CEO  
Name EGASTI, JAMES  
Address 200 CARILLON PARKWAY  
City-State-Zip: SAINT PETERSBURG FL 33716

Title SVP  
Name BRINDISE, BARRY  
Address 200 CARILLON PARKWAY  
City-State-Zip: SAINT PETERSBURG FL 33716

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

Title EXECUTIVE VICE PRESIDENT  
Name BERNHOERSTER, MICHAEL  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title EXECUTIVE VICE PRESIDENT  
Name DEBBIE, BOOTH  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title EXECUTIVE VICE PRESIDENT  
Name BORTNER, ANDREA  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title VP  
Name BREEZE, JEFFREY W  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

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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:** ANNA LASSETER

**ASSISTANT SECRETARY** 02/11/2015

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name DONALDSON, INGRID  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716