

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

PS 172

**DOCUMENT # P34206**  
 1. Entity Name  
**REWARDS NETWORK INC.**



**FILED**  
 04 APR 13 AM 9:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 11900 BISCAYNE BLVD.  
 SUITE 460  
 MIAMI, FL 33181 US

Mailing Address  
 11900 BISCAYNE BLVD.  
 SUITE 460  
 MIAMI, FL 33181 US



2. Principal Place of Business  
**2 N. RIVERSIDE PLAZA**

3. Mailing Address  
**2 N. RIVERSIDE PLAZA**

Suite, Apt. #, etc.  
**#950**

04072004 Chg-P CR2E034 (10/03)

City & State  
**CHICAGO, IL**

4. FEI Number  
**84-6028875**

Applied For  
 Not Applicable

Zip  
**60606**

Country  
**U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**500033433865**

City  
**FL**

Zip Code  
**04/21/04--01028--028 \*\*150.00**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIEDEMANN, GEORGE</b> <b>11900 BISCAYNE BLVD.</b> <b>NORTH MIAMI, FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>WIEDEMANN, GEORGE S.</b> <b>2 N. RIVERSIDE PLAZA #950</b> <b>CHICAGO, IL 60606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LERCH, STEPHEN</b> <b>11900 BISCAYNE BLVD</b> <b>NORTH MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <b>ADEL, BRYAN R.</b> <b>2 N. RIVERSIDE PLAZA #950</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, HERBERT M</b> <b>4 DARLEY RD</b> <b>GREAT NECK, NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, HERBERT M.</b> <b>2 N. RIVERSIDE PLAZA #950</b> <b>CHICAGO, IL 60606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BORGES, GREGORY</b> <b>11900 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>POSNER, KENNETH R.</b> <b>2 N. RIVERSIDE PLAZA #950</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZELL, SAMUEL</b> <b>2 N. RIVERSIDE PLAZA #950</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE SEPARATE SHEET FOR 7 ADDITIONAL DIRECTORS</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan R. Adel (BRYAN R. ADEL) 4-8-04 312-521-6767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**Rewards Network Inc.  
2004 For Profit Corporation Annual Report**

Block 11 information (continued) - 7 Additions:

Title D  
Name Aron, Adam M.  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606

Title D  
Name Bynoe, Peter C.B.  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606

Title D  
Name Gross, Raymond A.  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606

Title D  
Name Handy, F. Philip  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606

Title D  
Name Shain, Harold I.  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606

Title D  
Name Ward, John A.  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606

Title D  
Name Wunderman, Lester  
Street Address 2 N. Riverside Plaza #950  
City-State-Zip Chicago, IL 60606