

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -5 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005 Chg-P CR2E034 (10/03) 05

DOCUMENT # P34206 1. Entity Name REWARDS NETWORK INC.					
Principal Place of Business 2 N RIVERSIDE PLAZA SUITE 950 CHICAGO, IL 60606 US			Mailing Address 2 N RIVERSIDE PLAZA SUITE 950 CHICAGO, IL 60606 US		
2. Principal Place of Business 2 N Riverside Plaza		3. Mailing Address 2 N. Riverside Plaza		4. FEI Number 84-6028875	
Suite, Apt. #, etc. Suite 950		Suite, Apt. #, etc. Suite -950			
City & State Chicago IL		City & State Chicago, IL			
Zip 60606		Zip 60606			
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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): _____ City: _____ FL Zip Code: _____				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME WIEDEMANN, GEORGE S		<input type="checkbox"/> Delete		TITLE PD
STREET ADDRESS 2 N RIVERSIDE PLZ #950	CITY-ST-ZIP CHICAGO, IL 60606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME Ronald L. Blake
TITLE VS	NAME ADEL, BRYAN R		<input type="checkbox"/> Delete		STREET ADDRESS 2 N. Riverside Plaza-#950
STREET ADDRESS 2 N RIVERSIDE PLZ #950	CITY-ST-ZIP CHICAGO, IL 60606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP Chicago, IL 60606
TITLE D	NAME GARDNER, HERBERT M		<input checked="" type="checkbox"/> Delete		TITLE _____
STREET ADDRESS 2 N RIVERSIDE PLZ #950	CITY-ST-ZIP CHICAGO, IL 60606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME _____
TITLE T	NAME BORGES, GREGORY		<input type="checkbox"/> Delete		STREET ADDRESS _____
STREET ADDRESS 11900 BISCAYNE BLVD	CITY-ST-ZIP N MIAMI, FL 33181		<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP _____
TITLE V	NAME POSNER, KENNETH R		<input type="checkbox"/> Delete		TITLE _____
STREET ADDRESS 2 N RIVERSIDE PLZ #950	CITY-ST-ZIP CHICAGO, IL 60606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME _____
TITLE D	NAME ZELL, SAMUEL		<input type="checkbox"/> Delete		TITLE _____
STREET ADDRESS 2 N RIVERSIDE PLZ #950	CITY-ST-ZIP CHICAGO, IL 60606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME _____
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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bryan R. Adel		Date 5/3/05 (312)521-6767