

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P34206

**FILED  
Apr 15, 2015  
Secretary of State  
CC5848547270**

**Entity Name:** REWARDS NETWORK INC.

**Current Principal Place of Business:**

2 NORTH RIVERSIDE PLAZA  
SUITE 200  
CHICAGO, IL 60606

**Current Mailing Address:**

2 NORTH RIVERSIDE PLAZA  
SUITE 200  
CHICAGO, IL 60606 US

**FEI Number:** 84-6028875

**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            PRESIDENT, DIRECTOR  
Name            BYNOE, PETER  
Address        2 NORTH RIVERSIDE PLAZA  
                  SUITE 200  
City-State-Zip: CHICAGO IL 60606

Title            SECRETARY  
Name            GEENE, ALICE LIN  
Address        2 NORTH RIVERSIDE PLAZA  
                  SUITE 200  
City-State-Zip: CHICAGO IL 60606

Title            TREASURER  
Name            KERN, SHANE  
Address        2 NORTH RIVERSIDE PLAZA  
                  SUITE 200  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR  
Name            LARSEN, NILS  
Address        2 NORTH RIVERSIDE PLAZA  
                  SUITE 200  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR  
Name            PEI, JULIA  
Address        2 NORTH RIVERSIDE PLAZA  
                  SUITE 200  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR  
Name            SOTIR, MARK  
Address        2 NORTH RIVERSIDE PLAZA  
                  SUITE 200  
City-State-Zip: CHICAGO IL 60606

*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:** ALICE LIN GEENE

**SECRETARY**

**04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date