2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34206

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

DIRECTOR

FILED Mar 19, 2019

Secretary of State

7335557336CC

Officer/Director Detail:

Title PRESIDENT Title

Name FUSCO, STEPHEN Name WINOKUR, DAVID

Address 2 NORTH RIVERSIDE PLAZA Address 2 NORTH RIVERSIDE PLAZA

SUITE 200 SUITE 200

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title DIRECTOR Title DIRECTOR

Name FREIBERG, STEVEN Name EGER, EDMOND

Address 2 NORTH RIVERSIDE PLAZA Address 2 NORTH RIVERSIDE PLAZA

SUITE 200 SUITE 200

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title DIRECTOR Title SECRETARY

Name BILZIN, JONATHAN Name GEENE, ALICE LIN

Address 2 NORTH RIVERSIDE PLAZA Address 2 NORTH RIVERSIDE PLAZA

SUITE 200 SUITE 200

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title TREASURER
Name KERN, SHANE

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 03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date