

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34206

Entity Name: REWARDS NETWORK INC.

Current Principal Place of Business:

540 W. MADISON STREET, SUITE 2400
CHICAGO, IL 60661

Current Mailing Address:

540 W. MADISON STREET, SUITE 2400
CHICAGO, IL 60661 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 SECRETARY
Name KAUFFMAN, ROBERT
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title CFO
Name JANEK, DAVID
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name FUSCO, STEPHEN
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title CEO
Name EGER, EDMOND
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name MOSELEY, HAROLD DAVID
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name FREIBERG, STEVEN
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name EGER, EDMOND
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name BILZIN, JONATHAN
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

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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: KAUFFMAN, ROBERT

SECRETARY

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARTIN, , HAROLD
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name CARPENTER, MICHAEL
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name MARCUS, MICHAEL
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name ATKINSON,, JULIE
Address 540 W. MADISON STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60661