

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214531525

1.) CORPORATION NAME:

Rewards Network Establishment Services Inc.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1482191**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 North Riverside Plaza
Suite 200

CITY/ST/ZIP: Chicago, IL 60606

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Kara Walsh				
TITLE:	CMO				
ADDRESS:	2 North Riverside Plaza Suite 200				
CITY/ST/ZIP/CO:	Chicago, IL 60606				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Shane Kern				
TITLE:	CFO/Treasurer				
ADDRESS:	2 North Riverside Plaza Suite 200				
CITY/ST/ZIP/CO:	Chicago, IL 60606				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Maria Smolen				
TITLE:	ASST TREASURER				
ADDRESS:	2 North Riverside Plaza Suite 200				
CITY/ST/ZIP/CO:	Chicago, IL 60606				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Alice Lin Geene				
TITLE:	SECRETARY/CLO				
ADDRESS:	2 North Riverside Plaza Suite 200				
CITY/ST/ZIP/CO:	Chicago, IL 60606				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Peter Bynoe				
TITLE:	PRESIDENT/CEO				
ADDRESS:	2 North Riverside Plaza Suite 200				
CITY/ST/ZIP/CO:	Chicago, IL 60606				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Alice Lin Geene	Alice Lin Geene, SECRETARY/CLO	6/19/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		