

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

*** CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 11: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 449022 (3)

1. Corporation Name
EQUIFAX CARD SERVICES, INC.

Principal Place of Business Mailing Address
**1000 PEACHTREE STREET, N.W.
P.O. BOX 4001
ATLANTA GA 30308** **1000 PEACHTREE STREET, N.W.
P.O. BOX 4001
ATLANTA GA 30308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/21/1974 **05/01/1994**

4. FEI Number Applied For
59-1521546 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

6. This corporation has liability for intangible tax under S. 199.052, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, LEE A.	1 2 NAME	
STREET ADDRESS	5301 IDLEWILD AVENUE	1 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1 4 CITY - ST - ZIP	
TITLE	V	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALLANDE, MARK K.	2 2 NAME	
STREET ADDRESS	5301 IDLEWILD AVENUE	2 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2 4 CITY - ST - ZIP	
TITLE	AV	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGMEIER, J.H.	3 2 NAME	
STREET ADDRESS	2170 NORTHFIELD CT	3 3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA	3 4 CITY - ST - ZIP	
TITLE	T	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYGOOD, R.F.	4 2 NAME	
STREET ADDRESS	1490 DANSFORD CT	4 3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA	4 4 CITY - ST - ZIP	
TITLE	S	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIS, T.H.	5 2 NAME	
STREET ADDRESS	7235 DUNCOURTNEY DRIVE	5 3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, C.B. JR.	6 2 NAME	
STREET ADDRESS	2680 PEACHTREE RD	6 3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *John H. Stagmeier* **John H. Stagmeier** **04/20/95** **404-885-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Telephone Area #)

449022

EQUIFAX CARD SERVICES, INC.

**1600 Peachtree Street, N.W.
Atlanta, Georgia 30309**

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
CHAIRMAN	Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
VICE CHAIRMAN	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia
PRESIDENT	Lee A. Kennedy	18009 Crawley Road, Odessa, Florida
SR. VICE PRESIDENT	Michael D. Bush	5301 West Idlewild Avenue, Tampa, Florida
SR. VICE PRESIDENT/CFO	David A. Post	450 Abbeywood Drive, Roswell, Georgia
VICE PRESIDENT/CTRLR	Vincent G. Pavese	5301 West Idlewild Avenue, Tampa, Florida
VICE PRESIDENT	Bruce S. Richards	199 14th Street, #2302, Atlanta, Georgia
SECRETARY	Thomas H. Magis	7235 Duncourtney Drive, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Ralph F. Haygood	1490 Dansford Court, Marietta, Georgia
ASST. TREASURER	Michael S. Shannon	121 Kirk Crossing, Decatur, Georgia

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
Donald U. Hallman	2244 Spencer's Way, Stone Mountain, Georgia

*****ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1995*****