

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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DOCUMENT # 449022 (3)

1. Corporation Name

EQUIFAX CARD SERVICES, INC.



Principal Place of Business

Mailing Address

1600 PEACHTREE STREET, N.W.  
P.O. BOX 4081  
ATLANTA GA 30309

1600 PEACHTREE STREET, N.W.  
P.O. BOX 4081  
ATLANTA GA 30309

3. Date Incorporated or Qualified

03/21/1974

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1521546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNEDY, LEE A.	
STREET ADDRESS	5301 IDLEWILD AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LALLANDE, MARK K.	
STREET ADDRESS	5301 IDLEWILD AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	STAGMEIER, J.H.	
STREET ADDRESS	2170 NORTHFIELD CT	
CITY-ST-ZIP	MARIETTA GA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAYGOOD, R.F.	
STREET ADDRESS	1490 DANSFORD CT	
CITY-ST-ZIP	MARIETTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAGIS, T.H.	
STREET ADDRESS	7235 DUNCOURTNEY DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, C.B. JR.	
STREET ADDRESS	2660 PEACHTREE RD	
CITY-ST-ZIP	ATLANTA GA	

1.1 TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL D. BUSH	
2.3 STREET ADDRESS	5301 West IDLEWILD Ave	
2.4 CITY-ST-ZIP	TAMPA, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIETTA E. ZAKAS	
4.3 STREET ADDRESS	3085 E. PINE VALLEY Road	
4.4 CITY-ST-ZIP	ATLANTA, GA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.H. STAGMEIER

4/15/96

404-885-8000

Daytime Phone #

CR2E034 (12/95)

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## **EQUIFAX CARD SERVICES, INC.**

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

### **OFFICERS**

<b>TITLE/POSITION</b>	<b>NAME</b>	<b>RESIDENTIAL ADDRESS</b>
<b>CHAIRMAN</b>	Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
<b>VICE CHAIRMAN</b>	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia
<b>VICE CHAIRMAN</b>	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
<b>SR. VICE PRESIDENT</b>	L. A. Kennedy	5301 West Idlewild Avenue, Tampa, Florida
<b>PRESIDENT</b>	Michael D. Bush	5301 West Idlewild Avenue, Tampa, Florida
<b>CHIEF FINANCIAL OFF.</b>	David A. Post	450 Abbeywood Drive, Roswell, Georgia
<b>V.P./ASST. SECRETARY</b>	Bruce S. Richards	199 14th Street, #2302, Atlanta, Georgia
<b>SECRETARY</b>	Thomas H. Magls	7235 Duncourtney Drive, Atlanta, Georgia
<b>ASST. SECRETARY</b>	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
<b>TREASURER</b>	Marletta E. Zakas	3085 E. Pine Valley Road, Atlanta, Georgia
<b>ASST. TREASURER</b>	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia

### **DIRECTORS**

<b>NAME</b>	<b>RESIDENTIAL ADDRESS</b>
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
Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia

\*\*\*ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1996\*\*\*