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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 1600 PEACHTREE STREET, N.W. P.O. BOX 4081 ATLANTA GA 30309	Mailing Address 1600 PEACHTREE STREET, N.W. P.O. BOX 4081 ATLANTA GA 30302-4081
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1974	3a. Date of Last Report 04/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1521546	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SV	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, LEE A.		1.2 NAME		
STREET ADDRESS	5301 IDLEWILD AVENUE		1.3 STREET ADDRESS	18009 Crawley Road	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Odessa, FL	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, MICHAEL D		2.2 NAME		
STREET ADDRESS	5301 WEST IDLEWODL AVE		2.3 STREET ADDRESS	11601 N. Roosevelt Blvd.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	AV	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAGMEIER, J.H.		3.2 NAME	Asst. Vice Pres.	
STREET ADDRESS	2170 NORTHFIELD CT		3.3 STREET ADDRESS	2030 Brookwood Valley Cir, NE	
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP	Atlanta, Ga. 30309	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAKAS, MARIETTA E.		4.2 NAME	Secretary	
STREET ADDRESS	3085 E PINE VALLEY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAGIS, T.H.		5.2 NAME	Treasurer	
STREET ADDRESS	7235 DUNCOURTNEY DRIVE		5.3 STREET ADDRESS	Philip J. Mazzilli;	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	1850 Mt. n. Laurel Dr.	
TITLE	C	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, C.B. JR.		6.2 NAME		
STREET ADDRESS	2660 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J.H. Stagmeier* 4/16/97 404-885-8000

CR2E034 (9/96)

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
VICE CHAIRMAN	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
SR. VICE PRESIDENT	Lee. A. Kennedy	18009 Crawley Road, Odessa, Florida
PRESIDENT	Michael D. Bush	11601 N. Roosevelt Blvd., St. Petersburg, Florida
CHIEF FINANCIAL OFF.	David A. Post	450 Abbeywood Drive, Roswell, Georgia
V.P./ASST. SECRETARY	Bruce S. Richards	190 Northland Ridge Trail, Atlanta, GA 30342
SECRETARY	Marietta E. Zakas	3085 E. Pine Valley Road, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Philip J. Mazzilli	11850 Mtn. Laurel Drive, Roswell, Georgia
ASST. TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia
VICE PRESIDENT	William J. Cleary	4032 Penhurst Drive, Marietta, Georgia
ASST. VICE PRESIDENT	John H. Stagmeier	2030 Brookwood Valley Cir., Atlanta, GA 30309

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
David A. Post	450 Abbeywood Drive, Roswell, Georgia
Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia

ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN OCTOBER 1996