

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 4061 ATLANTA GA 30309	Mailing Address 1600 PEACHTREE STREET, N.W. P.O. BOX 4061 ATLANTA GA 30309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1974	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-1521546	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, LEE A.	1.2 NAME	
STREET ADDRESS	18009 CRAWLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, MICHAEL D	2.2 NAME	
STREET ADDRESS	11601 N ROOSEVELT BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	AVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGMEIER, J.H.	3.2 NAME	
STREET ADDRESS	2030 BROOKWOOD VALLEY CIR NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKAS, MARIETTA E.	4.2 NAME	
STREET ADDRESS	3085 E PINE VALLEY ROAD	4.3 STREET ADDRESS	365 Peachtree Battle Ave.
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZILLI, PHILIP J	5.2 NAME	
STREET ADDRESS	11850 MTN. LAUREL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	5.4 CITY-ST-ZIP	
TITLE	C	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 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: *[Handwritten Signature]*

CR2E034 (10/97)

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	78 Lindbergh Dr., NE, Unit 60, The Parkside, Atlanta, GA 30305
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	365 Peachtree Battle Ave., Atlanta, GA 30305
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Phillip 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

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
David A. Post	450 Abbeywood Drive, Roswell, Georgia
Thomas F. Chapman	78 Lindbergh Dr., NE, Unit 60, The Parkside, Atlanta, GA 30305

*****ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN FEBRUARY 1998*****