

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90146 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 449022

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 30309
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified 03/21/1974
4. FEI Number 59-1521546
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SV	<input type="checkbox"/> DELETE
NAME	KENNEDY, LEE A.	
STREET ADDRESS	18009 CRAWLEY RD	
CITY-ST-ZIP	ODESSA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BUSH, MICHAEL D	
STREET ADDRESS	11601 N ROOSEVELT BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	STAGMEIER, J.H.	
STREET ADDRESS	2030 BROOKWOOD VALLEY CIR NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZAKAS, MARIETTA E.	
STREET ADDRESS	365 PEACHTREE BATTLE AVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAZZILLI, PHILIP J	
STREET ADDRESS	11850 MTN. LAUREL DR	
CITY-ST-ZIP	ROSWELL GA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROGERS, C.B. JR.	
STREET ADDRESS	2660 PEACHTREE RD	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	11601 N. Roosevelt Blvd.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33711	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gerald A. Hines	
2.3 STREET ADDRESS	11601 N. Roosevelt Blvd.,	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33711	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1600 Peachtree Street	
3.4 CITY-ST-ZIP	Atlanta, GA 30309	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1600 Peachtree Street	
4.4 CITY-ST-ZIP	Atlanta, GA 30309	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1600 Peachtree Street	
5.4 CITY-ST-ZIP	Atlanta, GA 30309	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	1600 Peachtree Street	
6.4 CITY-ST-ZIP	Atlanta, GA 30309	

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, with all other like empowered.

SIGNATURE: John H. Stagmeier **REQUIRE** John H. Stagmeier 4/14/99 (404) 885-8789
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1-98)