

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91029 014 \*\*\*150.00



<b>DOCUMENT # 801728</b>				1. Entity Name <b>EQUIFAX INC.</b>	
Principal Place of Business <b>1550 PEACHTREE ST H-46 ATLANTA, GA 30309</b>		Mailing Address <b>P.O. BOX 4081 H-46 ATLANTA GA, 30302</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-0401110</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE PRENTICE HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MILLER, MARK E</b>	NAME			
STREET ADDRESS	<b>1550 PEACHTREE ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30309</b>	CITY-ST-ZIP			
TITLE	CCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CHAPMAN, THOMAS .F</b>	NAME			
STREET ADDRESS	<b>1550 PEACHTREE ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30309</b>	CITY-ST-ZIP			
TITLE	CVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HEROMAN, DONALD T</b>	NAME			
STREET ADDRESS	<b>1550 PEACHTREE ST. N.W.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30309</b>	CITY-ST-ZIP			
TITLE	CVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MAZZILLI, PHILLIP J</b>	NAME			
STREET ADDRESS	<b>1550 PEACHTREE ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30309</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHIRK, MICHAEL G</b>	NAME			
STREET ADDRESS	<b>1550 PEACHTREE ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30309</b>	CITY-ST-ZIP			
TITLE	SRVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DODGE, JEFFREY L</b>	NAME			
STREET ADDRESS	<b>1550 PEACHTREE ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30309</b>	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kathryn J. Ham</i>		Date _____ Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

44037287  
# 801728

ATTACHMENT

I:\INCOME\2004 Corporate Data\Corporate Data\Equifax Inc.xls\Officers

EQUIFAX INC.  
1550 Peachtree Street, N.W.  
Atlanta, Georgia 30309

**OFFICERS**

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
CHAIRMAN/CEO	Thomas F. Chapman	78 Lindbergh Dr., NE, #60, Atlanta, GA 30305	1550 Peachtree St., Atlanta, GA 30309
CVP & CFO	Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317	1550 Peachtree St., Atlanta, GA 30309
VP & GENL. CNSL	Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342	1550 Peachtree St., Atlanta, GA 30309
SECRETARY	John T. Chandler	5358 Saffron Drive, Dunwoody, GA 30338	1550 Peachtree St., Atlanta, GA 30309
VP & TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia	1550 Peachtree St., Atlanta, GA 30309
VP & CORPORATE CONTROLLER	Dave Gunter	910 Windwalk Court, Roswell GA	1550 Peachtree St., Atlanta, GA 30309
ASST. V.P. & ASST. SECRETARY	Kathryn J. Harris	3325 Sleepy Lane, Smyrna, GA 30080	1550 Peachtree St., Atlanta, GA 30309
ASST. TREASURER	Michael S. Garrett	8660 Hope Mews Court, Atlanta, GA 30350	1550 Peachtree St., Atlanta, GA 30309

**DIRECTORS**

NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
Thomas F. Chapman	78 Lindbergh Dr., NE, #60, Atlanta, GA 30305	1550 Peachtree St., Atlanta, GA 30309
Lee A. Ault, III	2220 Avenue of the Stars, Los Angeles, CA 90067	1550 Peachtree St., Atlanta, GA 30309
A. William Dahlberg	1871 Chartwell Trace, Stone Mountain, Georgia 3008	1550 Peachtree St., Atlanta, GA 30309
Larry L. Prince	3543 Woodhaven Road, Atlanta, Georgia 30305	1550 Peachtree St., Atlanta, GA 30309
John L. Crenderin	5138 Northside Drive, Atlanta, Georgia 30327	1550 Peachtree St., Atlanta, GA 30309
Dr. Louis W. Sullivan	5325 Cross Roads Manor, Aurlanta, GA 30327	1550 Peachtree St., Atlanta, GA 30309
D. Raymond Riddle	940 Crest Valley Road, Atlanta, Georgia 30327	1550 Peachtree St., Atlanta, GA 30309
L. Phillip Humann	721 West Wesley Road, Atlanta, Georgia 30327	1550 Peachtree St., Atlanta, GA 30309
Jacquelyn M. Ward	4914 Fisher Island Drive, Fisher Island, FL 33109	1550 Peachtree St., Atlanta, GA 30309
James E. Copeland, Jr.	4359 Riverview Drive, Duluth, GA 30097	1550 Peachtree St., Atlanta, GA 30309