

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801728

Entity Name: EQUIFAX INC.

FILED
Apr 13, 2010
Secretary of State

Current Principal Place of Business:

1550 PEACHTREE STREET, NW
H-46
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1550 PEACHTREE STREET, NW
H-46
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 58-0401110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: SMITH, RICHARD F
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: CVP
Name: MAST, KENT E
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: CFO
Name: ADREAN, LEE
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: VPCS
Name: ARVIDSON, DEAN C
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: VPT
Name: YOUNG, MARK E
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: ACS
Name: HARRIS, KATHRYN J
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN J HARRIS

ACS

04/13/2010

Electronic Signature of Signing Officer or Director

_____ Date