FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **805551** **(9)**

1. Corporation Name
EQUIFAX CREDIT INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
1600 PEACHTREE STREET N.E. BOX 4081 ATLANTA GA 30302	1600 PEACHTREE STREET N.E. BOX 4081 ATLANTA GA 30302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1942**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **58-0209400** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	MAGIS, T H	12 NAME	
STREET ADDRESS	7235 DUNCOURTNEY DR	13 STREET ADDRESS	
CITY-ST-ZIP	SANDY SPGS GA	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	POST, D.A.	22 NAME	
STREET ADDRESS	2111 SHADWELL WAY	23 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, T.F.	32 NAME	
STREET ADDRESS	450 ABBEYWWOD DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HAYGOOD, R F	42 NAME	
STREET ADDRESS	1490 DANSFORD CT	43 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROGERS, C.B. JR.	52 NAME	
STREET ADDRESS	2660 PEACHTREE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	AV	61 TITLE	☐ Change ☐ Addition
NAME	STAGMEIER, JOHN H.	62 NAME	
STREET ADDRESS	2170 NORTHFIELD CT	63 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John H. Stagmeier **John H. Stagmeier** **04/20/95** **404-885-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008071 CP

805551

EQUIFAX CREDIT INFORMATION 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	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
PRESIDENT	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia
SR. VICE PRESIDENT	Joseph E. Dawson	3540 Township Valley Court, Marietta, Georgia
SR. VICE PRESIDENT	Jeffrey L. Dodge	10430 Groomsbridge Road, Alpharetta, Georgia
SR. VICE PRESIDENT	Richard W. Gilbert	1416 Mockwell Court, Dunwoody, Georgia
SR. VICE PRESIDENT	Val M. Perry	Route 9, Box 450, Cumming, Georgia
SR. VICE PRESIDENT	David A. Post	450 Abbeywood Drive, Roswell, Georgia
SR. VICE PRESIDENT	Paul J. Springman	3805 Radcoat Way, Alpharetta, Georgia
SECRETARY	Thomas H. Magis	7235 Duncourtney Drive, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Ralph F. Haygood	1490 Dansford Court, Marietta, Georgia
ASST. TREASURER	Michael S. Shannon	121 Kirk Crossing, Decatur, Georgia

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
Donald U. Hallman	2244 Spencer's Way, Stone Mountain, Georgia

ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1995