

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 805551**

1. Entity Name

**EQUIFAX CREDIT INFORMATION SERVICES, INC.**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90022 048 \*\*\*150.00

Principal Place of Business 1600 PEACHTREE STREET N.E. BOX 4081 ATLANTA GA 30302	Mailing Address 1600 PEACHTREE STREET N.E. BOX 4081 ATLANTA GA 30302-4081
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1550 Peachtree St.</b>	3. Mailing Address <b>P. O. Box 4081</b>
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Suite, Apt. #, etc. <b>H-46</b>	Suite, Apt. #, etc. <b>H-46</b>
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City & State <b>Atlanta, GA</b>	City & State <b>Atlanta, GA</b>
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Zip <b>30309</b>	Country <b>USA</b>	Zip <b>30302</b>	Country <b>USA</b>
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4. FEI Number <b>58-0209400</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

T MAZZILLI, PHILIP 1600 PEACHTREE ST ATLANTA GA 30309	<input type="checkbox"/> Delete
CFO POST, D.A. 1600 PEACHTREE ST ATLANTA GA 30309	<input checked="" type="checkbox"/> Delete
P ALLHUSEN, JAMES J 1600 PEACHTREE ST ATLANTA GA 30309	<input checked="" type="checkbox"/> Delete
S ZAKAS, MARIETTA E. 1600 PEACHTREE ST ATLANTA GA 30309	<input type="checkbox"/> Delete
D POST, DAVID A 1600 PEACHTREE ST ATLANTA GA 30309	<input checked="" type="checkbox"/> Delete
AVP STAGMEIER, JOHN H. 1600 PEACHTREE ST ATLANTA GA 30309	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VP & CFO 1550 Peachtree St. Atlanta, GA 30309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer Michael G. Schirk 1550 Peachtree St. Atlanta, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President William V. Catucci 1550 Peachtree St. Atlanta, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director William V. Catucci 1550 Peachtree St. Atlanta, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President Gary M. Wilbanks 1550 Peachtree St. Atlanta, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary M. Wilbanks DATE: 4/11/2000 DAYTIME PHONE #: 404-885-8630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

a.Hac  
C0070203  
# 805551

# EQUIFAX CREDIT INFORMATION SERVICES, INC.

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

## OFFICERS

TITLE/POSITION	NAME	BUSINESS ADDRESS
CHAIRMAN	Thomas F. Chapman	1550 Peachtree Street, Atlanta, GA 30309
PRESIDENT	William V. Catucci	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT & CFO	Philip J. Mazzilli	1550 Peachtree Street, Atlanta, GA 30309
SR. VICE PRESIDENT	Michael S. Shannon	1550 Peachtree Street, Atlanta, GA 30309
V.P. & GEN'L COUNSEL	Bruce S. Richards	1550 Peachtree Street, Atlanta, GA 30309
SR. VICE PRESIDENT	Dorris S. Gulley	1550 Peachtree Street, Atlanta, GA 30309
SECRETARY	Marietta E. Zakas	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Joan A. Martin	1550 Peachtree Street, Atlanta, GA 30309
TREASURER	Michael G. Schirk	1550 Peachtree Street, Atlanta, GA 30309
ASST. TREASURER	Renee D. Caldwell	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	William J. Cleary	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	Gary M. Wilbanks	1550 Peachtree Street, Atlanta, GA 30309

## DIRECTORS

NAME	BUSINESS ADDRESS
William V. Catucci	1550 Peachtree Street, Atlanta, GA 30309
Philip J. Mazzilli	1550 Peachtree Street, Atlanta, GA 30309
Michael S. Shannon	1550 Peachtree Street, Atlanta, GA 30309
Dorris S. Gulley	1550 Peachtree Street, Atlanta, GA 30309

\*\*\*ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN DECEMBER 1999\*\*\*