

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 25 AM 11:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 833817 (0)**

1. Corporation Name  
**EQUIFAX SERVICES, INC**

Principal Place of Business: **1800 PEACHTREE STREET ATLANTA GA 30308**  
Mailing Address: **1800 PEACHTREE STREET ATLANTA GA 30308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/12/1975**  
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **58-1278168**  
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

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, Apt., etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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

TITLE	<b>P</b>
NAME	<b>SMITH, D.V.</b>
STREET ADDRESS	<b>305 CLIFFTOP CT</b>
CITY - ST - ZIP	<b>ROSWELL GA</b>
TITLE	<b>V</b>
NAME	<b>ROCCO, D.H.</b>
STREET ADDRESS	<b>5655 CHEROKEE TR</b>
CITY - ST - ZIP	<b>CUMMING GA</b>
TITLE	<b>S</b>
NAME	<b>MAGIS, T.H.</b>
STREET ADDRESS	<b>7235 DUNCOURTNEY DR</b>
CITY - ST - ZIP	<b>SANDY SPRGS GA</b>
TITLE	<b>Y</b>
NAME	<b>HAYGOOD, R.F.</b>
STREET ADDRESS	<b>1490 DANSFORD CT</b>
CITY - ST - ZIP	<b>MARIETTA GA</b>
TITLE	<b>AVP</b>
NAME	<b>STAGMEIER, J.H.</b>
STREET ADDRESS	<b>2170 NORTHFIELD CT</b>
CITY - ST - ZIP	<b>MARIETTA GA</b>
TITLE	<b>C</b>
NAME	<b>ROGERS, JR., C.B.</b>
STREET ADDRESS	<b>2060 PEACHTREE RD.,</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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) (Phone Number)

833817

# EQUIFAX 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	Derek V. Smith	305 Clifftop Court, Roswell, Georgia
SR. VICE PRESIDENT	Douglas C. Curling	330 Log House Court, Roswell, Georgia
SR. VICE PRESIDENT	Kenneth R. Kavanaugh	974 Denmeade Walk, Marietta, Georgia
SR. VICE PRESIDENT	Daniel H. Rocco	5655 Cherokee Trace, Cumming, 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\*\*\*