


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90033 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833817

1. Corporation Name
CHOICEPOINT SERVICES INC.

Principal Place of Business 1000 ALDERMAN DR. ALPHARETTA GA 30005 US	Mailing Address 1000 ALDERMAN DR. ALPHARETTA GA 30005 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/12/1975	
4. FEI Number 58-1276168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, DERICK V	
STREET ADDRESS	15120 N. VALLEY FIELD RD.	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROCCO, D.H.	
STREET ADDRESS	5655 CHEROKEE TR	
CITY-ST-ZIP	CUMMING GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE JANES, J. MICHAEL	
STREET ADDRESS	1020 VINEBROOK LN	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CURLING, DOUGLAS C.	
STREET ADDRESS	330 LOG HOUSE CT.	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROGERS, JR., C.B.	
STREET ADDRESS	2660 PEACHTREE RD.,	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAVANAUGH, KEN R	
STREET ADDRESS	3253 CHIPPINGWOOD CT.	
CITY-ST-ZIP	ALPHARETTA GA 30004	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4588 Holstein Hill	
3.4 CITY-ST-ZIP	Norcross GA 30092	
4.1 TITLE	Treasurer and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Chairman and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Michael Harris* Date: 4/30/99 Daytime Phone #: 770/752-5745

CR2E034 (11/98)

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833817

CHOICEPOINT SERVICES, INC.

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
CHAIRMAN	C. B. ROGERS, JR.	2660 PEACHTREE ROAD, ATLANTA, GA 30305
PRESIDENT	DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
EXEC. VP & TREASURER	DOUGLAS C. CURLING	330 LOG HOUSE COURT, ROSWELL, GA 30075
EXEC. VICE PRESIDENT	DANIEL H. ROCCO	5655 CHEROKEE TRACE, CUMMING, GA 30131
VICE PRESIDENT	KEN R. KAVANAUGH	3253 CHIPPINGWOOD COURT, ALPHARETTA, GA 30004
GENERAL COUNSEL AND SECRETARY	J. MICHAEL DE JANES	4588 HOLSTEIN HILL, NORCROSS, GA 30092
ASST. SECRETARY	MARY M. YOUNG	1290 OLD WOODBINE ROAD, ATLANTA, GA 30319
ASST. TREASURER	JEFFREY B. PIEFKE	6550 CLUB VALLEY COURT, SUWANEE, GA 30174

DIRECTORS

NAME	RESIDENTIAL ADDRESS
C. B. ROGERS, JR.	2660 PEACHTREE ROAD, ATLANTA, GA 30305
DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
DOUGLAS C. CURLING	330 LOG HOUSE COURT, ROSWELL, GA 30075