

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90058 012 \*\*\*150.00

U444413

**DOCUMENT # 833817**

1. Entity Name  
**CHOICEPOINT SERVICES INC.**

Principal Place of Business <b>1000 ALDERMAN DR.          ALPHARETTA GA 30005          US</b>	Mailing Address <b>1000 ALDERMAN DR.          ALPHARETTA GA 30005          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>58-1276168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.          1201 HAYS STREET          SUITE 105          TALLAHASSEE FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DERICK V 15120 N. VALLEY FIELD RD. ALPHARETTA GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROCCO, D.H. 5655 CHEROKEE TR CUMMING GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  30131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE JANES, J. MICHAEL 4588 HOLSTEN HILL NORCROSS GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURLING, DOUGLAS C. 330 LOG HOUSE CT. ROSWELL GA 30075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LEE, DAVID T 649 LAKESHORE DRIVE DULUTH GA 30096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YOUNG, MARY M 1290 OLD WOODBINE ROAD ATLANTA GA 30319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Jacob...* 4/21/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
833817  
754789

**CHOICEPOINT SERVICES, INC.**  
1000 ALDERMAN DRIVE  
ALPHARETTA, GA 30005

**OFFICERS**

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TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
PRESIDENT, CHAIRMAN & CEO	DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
CHIEF OPERATING OFFICER & TREASURER	DOUGLAS C. CURLING	330 LOG HOUSE COURT, ROSWELL, GA 30075
EXEC. VICE PRESIDENT	DANIEL H. ROCCO	5655 CHEROKEE TRACE, CUMMING, GA 30131
EXEC. VICE PRESIDENT	DAVID T. LEE	649 LAKESHORE DRIVE, DULUTH, GA 30096
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

**DIRECTORS**

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NAME	RESIDENTIAL ADDRESS
J. MICHAEL DE JANES	4588 HOLSTEIN HILL, NORCROSS, GA 30092
DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
DOUGLAS C. CURLING	330 LOG HOUSE COURT, ROSWELL, GA 30075