2008 FOR PROFIT CORPORATION

May 21, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #833817** 05-21-2008 90021 031 ***150.00 CHOICEPOINT SERVICES INC. Principal Place of Business Mailing Address 60042620 1000 ALDERMAN DR. 1000 ALDERMAN DR. ALPHARETTA, GA 30005 ALPHARETTA, GA 30005 US 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1276168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET SUITE 105 IN THIS SPACE TALLAHASSEE FL 32301 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIREC TITLE GLAZER, JEFFREY, J NAME 1000 ALDERMAN DR. STREET ADDRESS CHY-ST-ZIP ALPHARETTA, GA 30005 DITE NAME SURBOUGH, STEVEN W STREET ADDRESS 1000 ALDERMAN DR. CITY ST ZIP ALPHARETTA, GA 30005 CFO TITLE NAME TRINE, DAVID E 1000 ALDERMAN DR. STREET ADDRESS DO NOT WRITE CITY ST-ZIP ALPHARETTA, GA 30005 CEO IN THIS SPACE 111115 NAME LEE, DAVID T STREET ADDRESS 1000 ALDERMAN DR ALPHARETTA, GA 30005 CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an add

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DAVIS, DAVID

ALPHARETTA, GA 30005

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1000 ALDERMAN DR.

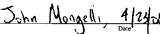
TITLE NAME

NAME

STREET ADDRESS CITY ST ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED



FILED