


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90021 031 ***150.00

DOCUMENT # 833817

1. Entity 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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60042620



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GLAZER, JEFFREY J 1000 ALDERMAN DR. ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SURBOUGH, STEVEN W 1000 ALDERMAN DR. ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO TRINE, DAVID E 1000 ALDERMAN DR. ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO LEE, DAVID T 1000 ALDERMAN DR. ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MONGELLI, JOHN 1000 ARDERMAN DRIVE ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DAVIS, DAVID 1000 ALDERMAN DR. ALPHARETTA, GA 30005

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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 address, with all other like empowered.

SIGNATURE: John Mongelli, John Mongelli, 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #