2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90275 008 ***150.00

0623792 AT

DOCUMENT # 833817

1. Entity Name
CHOICEPOINT SERVICES INC.

Principal Place of Business	Mailing Address
1000 ALDERMAN DR. ALPHARETTA GA 30005 US	1000 ALDERMAN DR. ALPHARETTA GA 30005 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1276168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ SMITH, DEREK V ~~15120 N. VALLEY FIELD RD.~~ ALPHARETTA GA ~~30004~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SMITH, DEREK V. 1000 ALDERMAN DR. ALPHARETTA, GA 30005	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COOK, DAVID J ~~5810 MILLWICK DR~~ ALPHARETTA GA 30005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COOK, DAVID J. 1000 ALDERMAN DR. ALPHARETTA, GA 30005	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ DE JANES, J. MICHAEL ~~4588 HOLSTEN HILL~~ ~~NORCROSS GA 30092~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D DE JANES, J. MICHAEL 1000 ALDERMAN DR. ALPHARETTA, GA 30005	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRINE, DAVID E ~~4320 CEDAR WOOD DR.~~ ~~LILBURN GA 30047~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRINE, DAVID E. 1000 ALDERMAN DR. ALPHARETTA, GA 30005	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP LEE, DAVID T ~~649 LAKESHORE DRIVE~~ ~~DULUTH GA 30096~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP LEE, DAVID T 1000 ALDERMAN DR. ALPHARETTA, GA 30005	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS YOUNG, MARY M ~~1290 OLD WOODBINE ROAD~~ ~~ATLANTA GA 30319~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS YOUNG, MARY M 1000 ALDERMAN DR. ALPHARETTA, GA 30005	☑ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] SIGNATURE REQUIRED 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #