

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortum
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840273 (7)

1. Corporation Name
TELECREDIT, INC.

Principal Place of Business Mailing Address
**1600 PEACHTREE ST NW
BOX 4081
ATLANTA GA 30302** **1600 PEACHTREE ST NW
BOX 4081
ATLANTA GA 30302**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1978	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-2135728	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCGLAUGHLIN, D W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3430 TUXEDO DR	1.2 NAME	T.F. CHAPMAN
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS	315 Skyridge Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Dunwoody, Georgia
TITLE	T HAYGOOD, RALPH F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1490 DANSFORD CT.	2.2 NAME	
STREET ADDRESS	MARIETTA GA	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	AV STAGMEIER, J H	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2170 NORTHFIELD CT	3.2 NAME	
STREET ADDRESS	MARIETTA GA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S MAGIS, T H	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7235 DUNCOURTNEY DR	4.2 NAME	
STREET ADDRESS	SANDY SPRGS GA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V RICHARDS, B S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	199 14TH ST #2302	5.2 NAME	
STREET ADDRESS	ATLANTA GA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D ROGERS, C B J	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 PEACHTREE RD	6.2 NAME	
STREET ADDRESS	ATLANTA GA	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *John H. Stagmeier* **John H. Stagmeier 04/20/95 404-885-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (M/J/Y) (Phone #)

840273

EQUIFAX PAYMENT SERVICES, INC.

1600 Peachtree Street, N.W.
Atlanta, Georgia 30309

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
CHAIRMAN	Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
VICE CHAIRMAN	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
PRESIDENT	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia
SECRETARY	Thomas H. Magis	7235 Duncourtney Drive, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Ralph F. Haygood	1490 Dansford Court, Marietta, Georgia
ASST. TREASURER	Michael S. Shannon	121 Kirk Crossing, Decatur, Georgia

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
Donald U. Hallman	2244 Spencer's Way, Stone Mountain, Georgia

ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1995