

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1-2

DOCUMENT # 848616 (9)
1. Corporation Name
EQUIFAX CHECK SERVICES, INC.



Principal Place of Business Mailing Address
1600 PEACHTREE ST N.W.
P.O. BOX 4081
ATLANTA GA 30302
1600 PEACHTREE ST N.W.
P.O. BOX 4081
ATLANTA GA 30302

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/25/1981		04/25/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		95-3582355		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
24		25		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29		30					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FELLERMAN, LINDEN J.		1.2 NAME	THOMAS G. GORDON			
STREET ADDRESS	14103 RIVERSTONE DR.		1.3 STREET ADDRESS	1878 Timber Trail			
CITY- ST- ZIP	TAMPA FL		1.4 CITY- ST- ZIP	VISTA, CA			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMS, EDWARD J.		2.2 NAME	BRUCE S. RICHARDS			
STREET ADDRESS	5301 W IDLEWILD AVE.		2.3 STREET ADDRESS	199 14th Street, # 2502			
CITY- ST- ZIP	TAMPA FL		2.4 CITY- ST- ZIP	Atlanta, GA			
TITLE	AV	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAGMEIER J.H.		3.2 NAME				
STREET ADDRESS	2170 NORTHFIELD COURT		3.3 STREET ADDRESS				
CITY- ST- ZIP	MARIETTA GA		3.4 CITY- ST- ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGIS, T.H.		4.2 NAME				
STREET ADDRESS	7235 DUNCOURTNEY DRIVE		4.3 STREET ADDRESS				
CITY- ST- ZIP	ATLANTA GA		4.4 CITY- ST- ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYWOOD R. F.		5.2 NAME	MARIETTA E. ZAKAS			
STREET ADDRESS	1490 DANSFORD COURT		5.3 STREET ADDRESS	3085 E. PINE Valley Rd			
CITY- ST- ZIP	MARIETTA GEORGIA GA		5.4 CITY- ST- ZIP	ATLANTA, GA			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS C.B. JR.		6.2 NAME				
STREET ADDRESS	2660 PEACHTREE RD.		6.3 STREET ADDRESS				
CITY- ST- ZIP	ATLANTA GA		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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: J.H. Stagmeier J.H. STAGMEIER 7-15-96 404-885-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

EQUIFAX CHECK 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
VICE CHAIRMAN	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia
SR. VICE PRESIDENT	Lee A. Kennedy	18009 Crawley Road, Odessa, Florida
PRESIDENT	Thomas G. Gordon	1878 Timber Trail, Vista, California
CHIEF FINANCIAL OFF.	David A. Post	450 Abbeywood Drive, Roswell, Georgia
V.P./ASST. SECRETARY	Bruce S. Richards	199 14th Street, #2302, Atlanta, Georgia
SECRETARY	Thomas H. Magis	7235 Duncourtney Drive, Atlanta, Georgia
TREASURER	Marietta E. Zakas	3085 E. Pine Valley Road, Atlanta, Georgia
ASST. TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, 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
Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia

ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1996