

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90146 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 848616**

1. Corporation Name  
**EQUIFAX CHECK SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**03/25/1981**

4. FEI Number  
**95-3582355**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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 **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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **P GORDON, THOMAS G.**  
 STREET ADDRESS **11601 N. ROOSEVELT BLVD.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  DELETE  
 NAME **SVP RICHARDS, BRUCE S.**  
 STREET ADDRESS **190 NORTHLAND RIDGE TRAIL**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  DELETE  
 NAME **AVP STAGMEIER J.H.**  
 STREET ADDRESS **2030 BROOKWOOD VALLEY CIR**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  DELETE  
 NAME **T MAZZILLI, PHILIP**  
 STREET ADDRESS **11850 MTN. LAUREL DR**  
 CITY-ST-ZIP **ROSWELL GA**

TITLE  DELETE  
 NAME **S ZAKAS, MARIETTA E.**  
 STREET ADDRESS **365 PEACHTREE BATTLE AVE**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  DELETE  
 NAME **CD ROGERS C.B. JR.**  
 STREET ADDRESS **2660 PEACHTREE RD.**  
 CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President**  Change  Addition  
 1.2 NAME **Jeffrey S. Carbiener**  
 1.3 STREET ADDRESS **11601/Roosevelt Blvd.**  
 1.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

2.1 TITLE **VP/General Counsel**  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **1600 Peachtree Street**  
 2.4 CITY-ST-ZIP **Atlanta, GA 30309**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **1600 Peachtree Street**  
 3.4 CITY-ST-ZIP **Atlanta, GA 30309**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **1600 Peachtree Street**  
 4.4 CITY-ST-ZIP **Atlanta, GA 30309**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS **1600 Peachtree Street**  
 5.4 CITY-ST-ZIP **Atlanta, GA 30309**

6.1 TITLE  Change  Addition  
 6.2 NAME **C/D Lee A. Kennedy**  
 6.3 STREET ADDRESS **11601/Roosevelt Blvd.**  
 6.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

14. 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 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, with all other like empowered.

SIGNATURE: John H. Stagmeier **SIGNATURE REQUIRED** John H. Stagmeier 4/14/99 (404) 885-8789  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)