

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90045 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F93000002595**

1. Corporation Name
TRANS UNION EMPLOYMENT SCREENING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6111 OAK TREE BLVD
 INDEPENDENCE OH 44131
 US**

Mailing Address
**555 W. ADAMS
 TAX DEPT. -6
 CHICAGO IL 60661**

3. Date Incorporated or Qualified
06/04/1993

4. FEI Number
63-1094320

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
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITZKER, ROBERT A	
STREET ADDRESS	225 WEST WASHINGTON STREET	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMBILL, HARRY C	
STREET ADDRESS	555 WEST ADAMS STREET	
CITY-ST-ZIP	CHICAGO IL 60661-3601	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EMERY, D M	
STREET ADDRESS	555 WEST ADAMS ST	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GLUTH, R C	
STREET ADDRESS	225 WEST WASHINGTON STREET	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEBB, ROBERT W	
STREET ADDRESS	225 W WASHINGTON ST	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MARQUIS, OSCAR	
STREET ADDRESS	555 W ADAMS ST	
CITY-ST-ZIP	CHICAGO IL 60661	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-30-99**
 Daytime Phone #

CR2E034 (11/98)

Trans Union Employment Screening Services, Inc.
Officers and Directors

545536-90045-4
F93000002595

Name	Title	Address	Term Expiration
Harry C. Gambill	Director/ President	555 W. Adams St. Chicago, IL 60661	Upon Election of Successor
Robert A. Pritzker	Director	225 W. Washington St. Chicago, IL 60606	"
R.C. Gluth	Vice Pres./ Treasurer/ Director	225 W. Washington St. Chicago, IL 60606	"
David M. Emery	Vice Pres./ Controller	555 W.-Adams St. Chicago, IL 60661	"
Robert W. Webb	Secretary	225 W. Washington St. Chicago, IL 60606	"
Oscar Marquis	Vice Pres./ Assistant Secretary/ General Counsel	555 W. Adams St. Chicago, IL 60661	"
Richard F. Lynch	Vice Pres.	760 W. Sproul Rd. Springfield, PA 19064	"
Bruce Marks	Vice Pres.	4500 Rockside Road Suite 220 Independence, Ohio 44131	"