

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91183 006 ***150.00

DOCUMENT # F93000002595

1. Entity Name

TRANS UNION EMPLOYMENT SCREENING SERVICES, INC.

Principal Place of Business

Mailing Address

6111 OAK TREE BLVD
 INDEPENDENCE OH 44131
 US

555 W. ADAMS
 TAX DEPT. -6
 CHICAGO IL 60661-3696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. # etc

City & State

City & State

4. FEI Number: **63-1094320**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD F. LYNCH	
STREET ADDRESS	555 W. ADAMS	
CITY-STATE-ZIP	CHICAGO, IL 60661	

13. 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address with a power like empowered

SIGNATURE: *Paul W. Marquis*
 SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OF DIRECTOR

4-27-01 (312) 258-1717
 DATE DATE OF FILING DATE OF PHONE