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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F95000004765

1. Corporation Name
~~GOLDFLEAF TECHNOLOGIES, INC.~~

EQUIFAX E-BANKING SOLUTIONS, INC.



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	10/02/1995
4. FEI Number	58-1921188
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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	C	<input checked="" type="checkbox"/> DELETE
NAME	WETHERINGTON, BOBBY G	
STREET ADDRESS	4121 GA HWY 122 EAST	
CITY-ST-ZIP	HAHIRA GA	
TITLE	SVG	<input type="checkbox"/> DELETE
NAME	PETERSON, DAVID L	
STREET ADDRESS	130 WEST MAIN STREET	
CITY-ST-ZIP	HAHIRA GA 31632	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JORDAN, BEN	
STREET ADDRESS	605 CHOCKTAW STREET	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROGERS, CLARENCE B JR	
STREET ADDRESS	1600 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30302	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POST, DAVID A	
STREET ADDRESS	1600 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30302	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZAKAS, MARIETTA E	
STREET ADDRESS	1600 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30302	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lee A. Kennedy	
1.3 STREET ADDRESS	11601 N. Roosevelt Blvd.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33711	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	11601 N. Roosevelt Blvd.,	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33711	
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:

John H. Stagmeier **REQUIRED** John H. Stagmeier

4/14/99

(404) 885-8789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Evening Phone #

CR2E034 (1.1/98)