

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90106 044 ****50.00



DOCUMENT # M01000001260	
Entity Name EQUIFAX INFORMATION SERVICES LLC	
Principal Place of Business 1550 PEACHTREE STREET, N.W. ATLANTA GA 30309	Mailing Address 1550 PEACHTREE STREET, N.W. ATLANTA GA 30309



2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State	City & State	4. FEI Number 58-2631096	Applied For Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name *n/a*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GULLEY, DORRIS			NAME			
STREET ADDRESS	1550 PEACHTREE STREET, N.W.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<i>MGR</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEROMAN, DONALD T			NAME	<i>KURT E. MAST</i>		
STREET ADDRESS	1550 PEACHTREE STREET, N.W.			STREET ADDRESS	<i>1550 PEACHTREE ST, NW</i>		
CITY-ST-ZIP	ATLANTA GA 30309			CITY-ST-ZIP	<i>ATLANTA, GA 30309</i>		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, DANN			NAME			
STREET ADDRESS	1550 PEACHTREE STREET, N.W.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<i>MGR / Ass't. Secretary</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<i>Kathryn J. Harris</i>		
STREET ADDRESS				STREET ADDRESS	<i>1550 Peachtree St, NW</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>Atlanta GA 30309</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kathryn J. Harris* **KATHRYN J. HARRIS - ASST SECRETARY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #